Volunteer Services
HILL HOUSE HOSPICE

VOLUNTEER APPLICATION FORM

First Name _____ Last Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Tel. _____ Work Tel. _____
Mobile _____Email _____
Date of Birth (MM/DD/YYYY) _____
Car available? ☐ Yes ☐ No
Languages spoken _____
Do you have any allergies? If yes, please specify _____
Present or most recent occupation _____
Highest education completed _____
Volunteer or community service experience _____
_____
_____

How did you hear about Hill House Hospice?
☐ Friend/Relative ☐ Newspaper ☐ Television ☐ Other organization ☐ Volunteer
☐ Hill House Website ☐ Social Media _____
☐ Other_____

What attracted you to hospice? _____
_____
_____

Do you have any concerns or questions about working in a hospice? _____
_____

Do you have any physical limitations? _____

Working with residents and families can be emotionally draining at times and it is important that you have emotional support outside the Hospice. Briefly describe your personal support system and how you deal with stress.

_____
_____

36 Wright Street, Richmond Hill, ON L4C 4A1
hillhousehospice.com | T: 905-737-9308

Have you experienced any losses (bereavement, job, close relationship, etc.) within the past 12 months?

_____

How do you cope with the loss in your experiences?

_____

_____

Emergency Contact

Name _____ Relationship to you _____

Home Tel. _____ Work Tel. _____

Mobile _____ Email _____

Please indicate which days you are available to volunteer (Choose all that apply).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9 am-12 pm	☐	☐	☐	☐	☐	☐	☐
Afternoon 1-4 pm	☐	☐	☐	☐	☐	☐	☐
Evening 5-7 pm	☐	☐	☐	☐	☐	☐	☐

Please check off the role(s) you are interested in applying for:

☐ House Volunteer

☐ Community Ambassador

☐ Walk Volunteer

Do you have any special skills or expertise that could be of benefit to Hill House and those we serve? (e.g. baking, music, games, sewing, hair cutting, visual arts, etc.)

_____

_____

_____

Is there any other information you would like us to know?

_____

_____

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References:
Hill House Hospice requires 2 reference checks for all volunteers. Please list two people (other than immediate family) who have known you for a minimum of two years. Two referees can be supervisors, work colleagues, teachers, professors, or community leaders.

Name _____ Relationship _____
Telephone _____ Email _____

Name _____ Relationship _____
Telephone _____ Email _____

To maintain our Hospice's integrity and protect our residents, a screening process will include an interview, a review of your references, and a Police Volunteer Screening Request. Once you are accepted into the Volunteer Program, we request that you sign a Pledge of Confidentiality and attend a palliative care education course.

I give permission for the information I have provided on this application form to be given to Hill House Hospice staff and volunteers in connection with my volunteer service at Hill House Hospice. I authorize Hill House Hospice to contact my listed references.

I declare that the above information is true and complete to the best of my knowledge.
I understand that a false statement may disqualify me or cause my dismissal.

Signed: _____ Date: _____
(MM/DD/YYYY)

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