



HILL HOUSE
HOSPICE

VOLUNTEER APPLICATION FORM

Last Name _____ First Name _____

Address _____ City _____

Province _____ Postal Code _____

Telephone _____

Email _____ Date of Birth (MM/DD/YY) _____

Car available? Yes No

Languages spoken _____

Do you have any allergies? (Please specify) _____

Present or most recent occupation _____

Highest education completed _____

Other volunteer or community service experience _____

Where did you hear of Hill House Hospice? (Choose all that apply)

Friend/Relative Newspaper Television Other organization Volunteer

Hill House Website Social Media _____ Other _____

What attracted you to hospice work? _____

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

Do you have any physical limitations? _____

Sometimes the work can be very draining, and we feel it is important that you have emotional support outside the Hospice. Briefly describe your personal support and how you deal with stress.

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 Telephone _____ 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 all duties that appeal to you (Choose all that apply):

- Reception Desk Ambassador (answering phones, assisting visitors, etc.)
- Office Administrative (clerical, filing, photocopying, data entry, etc.)
- Family Grief and Bereavement Support (follow-up calls, care cards, etc.)
- Kitchen (food preparation, baking, coffee, etc.)
- Home Repair and Maintenance (perform repairs and maintenance tasks)
- Light Housekeeping (dusting, vacuuming, laundry, sanitizing, etc.)
- Translator (accurate translation services for documents, groups, or conversations)
 - *Languages: Cantonese Mandarin Farsi French Spanish English
 - Others: _____
- Inventory (maintain and restock inventory of food, beverages, medical stuff, donation cards, etc.)
- Social Media Promotion (manage social media, engage with followers, etc.)
- Community Engagement and Education Ambassador (advocates public awareness and represents Hill House; assists in conducting workshops, seminars, classes, etc.)
- Fundraising and Donation Management (events, networking, handling donations, engaging families, etc.)

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

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

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/YY)