

Volunteer Application

27 Bridge Street East
Bancroft, Ont. K0L 1C0

Please complete all applicable sections of this form and return to the address above. Please Note: Completion of this application does not guarantee your acceptance into Hospice North Hastings (HNH) Volunteer Program.

Name *

Prefix	First Name	Last Name
--------	------------	-----------

Address *

Street Address		Unit #
City	Province	Postal Code

Contact Information *

Home Phone	Cell Phone
Work Phone	Other Phone
Email	

Preferred Method of Communication *

☐ Home Phone ☐ Cell Phone ☐ Email ☐ Work Phone ☐ Other Phone ☐

Other: _____

Emergency Contact Information *

First Name	Last Name
Phone Number	

Volunteer Application

27 Bridge Street East
Bancroft, Ont. K0L 1C0

Are you a past or current volunteer with Hospice North Hastings? *

☐ Yes

☐ No

Why would you like to volunteer with Hospice North Hastings? What has inspired or motivated you to do so?

When are you available to volunteer? (Shifts are available for morning, afternoon, and evening. E.g., Monday morning, Wednesday afternoon, Saturday afternoon & evening)

Volunteer Application

Volunteer Positions & Preferences

Please select as many as you wish. *

- ☐ Gardening/Landscaping ☐ Administration/Office Support ☐ Resident & Family Support
- ☐ Fundraising & Special Events ☐ Property Maintenance ☐ Kitchen/Culinary ☐ Vintage Store
- ☐ No preference – I will help where needed
- ☐ Other (please specify): _____

Have you completed a volunteer training program?

- ☐ Yes ☐ No

Completion Date: _____

If you selected yes, please specify which organizations/courses/completion dates.

Volunteer Application

Please list any special skills that you would be willing to share with our residents and their families (e.g., music therapy, complementary therapies, grief & bereavement support, etc.)

Personal & Work Experience

Provide details of any relevant education/training.

Provide details of any previous volunteer experience.

Volunteer Application

27 Bridge Street East
Bancroft, Ont. K0L 1C0

Languages spoken other than English:

What hobbies and interests do you have?

Background Information

Provide details of any experience with the terminally ill.

Do you have recent Vulnerable Sector Police Record Check? *

☐ Yes

☐ No

Volunteer Application

References

Please provide one personal and one professional reference. These individuals must over 20 years of age, have known you for 2 years or more, and may not be a family member.

Reference 1	
First Name	Last Name
Phone Number	Relationship

Reference 2	
First Name	Last Name
Phone Number	Relationship

Thank you for your interest in becoming a volunteer with Hospice North Hastings! We appreciate the time you have put into completing this application and will be in touch with you soon.