



H - HOLISTIC SUPPORT / O - OUTREACH SERVICES / P - PROGRAMS WITH COMPASSION / E - EDUCATIONAL RESOURCES

VOLUNTEER APPLICATION

Name _____ Date _____
Address _____ City _____ PC _____
Phone (h) _____ (w) _____ (mobile) _____
Email _____

Preferred method of communication: Telephone or Email

Please list the specific times you would be available to volunteer with HOPE:

- Mornings Afternoons Evenings Weekdays Weekends.
- More than once a week Once a week Twice a month Once a month

Approximate Age Range: (Circle) 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81-

We strive to “engage” volunteers and work hard to make sure that your volunteer time is wisely spent in an area that is a good fit for both parties. In which area of voluntary work are you interested? (Subject to availability of current vacancies) Please check as many boxes as you wish

- 2016-2017 Fundraising Events Front Desk Hostess/Reception Volunteer
- Proposal/Grant Writing Public Relations: newsletter, media, etc.
- Photography Subcommittee Member or Board Member
- Complementary Therapy Practitioner / Support Programs (training session(s) required)
- Other: Please list _____

Schools/education and/or other relevant courses: _____

Languages spoken: _____ written: _____

If currently employed, please provide:

Name of employer _____ Hours employed _____

List previous employers: _____

Please describe any volunteer experiences, include name of organization, length of stay, nature of your involvement, and reason for leaving. _____

The following questions relate specifically to hospice-type work. The personal involvement required of a volunteer makes it necessary for probing questions to be asked.

1. Why are you interested in being a volunteer with HOPE? _____

2. Have you had previous experiences with death? If yes, please explain the circumstances, including dates. _____

3. Have you suffered any bereavement within the last year? ____ Yes ____ No If yes, explain: _____

4. What satisfaction/rewards do you feel you will receive from this volunteer experience? _____

5. What do you feel you can contribute to the work of HOPE? Personal strengths, experiences, etc. _____

6. Do you have any physical limitations that we should be aware of in assigning you as a volunteer? If yes, please explain. _____

7. Describe briefly how you interact with and relate to those with cultural and religious backgrounds, and/or value systems that differ from your own. _____

8. Please list any hobbies, activities or interests: _____

Signed _____ **Date** _____

Parental Signature, if under 18: _____

Thank you for taking the time to complete this application.

Please return to the attention of: Volunteer Leadership Committee
Hospice Outreach Programs of Elgin (HOPE)
102-10 Mondamin Street, St. Thomas, ON N5P 2V1
HopelnElgin@gmail.com Telephone 226-721-5901

HOPE's Mission is to provide accessible hospice and grief outreach programs for Elgin County residents. We know transitions take time—we are here as long as needed.

Received in office by: _____ Date: _____