

**Hospice Training Application Form**

Date of Application: \_\_\_\_\_2022

**Personal Information**

Last Name: \_\_\_\_\_ Usual First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

**\*Email:**

\_\_\_\_\_

Religious affiliation (if any): \_\_\_\_\_

Languages spoken/written: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Present occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Please list any other special skills or training or hospice courses taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid B.C. Driver's License? Yes  No Is a car available to you? Yes  No 

How did you hear about Hospice Training?

Newspaper  Brochure/Poster Friend  Other: \_\_\_\_\_

In what areas do you wish to be involved? Please check all that apply.

Hospital Visiting (Supportive & Palliative Care Unit) Hospice Facility visiting (Rotary Hospice House)  Community Visiting Office Work  Special Events 

Other: \_\_\_\_\_

## Availability

Please check the days and times that you are realistically able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							
Evenings							

Are you willing to give a minimum time commitment of at least one year?

Yes  No

If no, please elaborate: \_\_\_\_\_

Please describe any previous/current volunteer experience: \_\_\_\_\_

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What do you feel are the strengths that you will bring to your volunteer work?

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What do you feel are the limitations that you will bring to your volunteer work?

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Why do you want to become a Hospice volunteer? What experiences have you had that make you feel you are suited for this work?

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Briefly describe your personal experience with loss/death/bereavement.

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Describe your personal support system.

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Do you have any concerns or are there any frustrations you think you might experience as a volunteer?

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**Have you been fully vaccinated against the Covid-19 virus?** Yes  No

If NO, please explain: \_\_\_\_\_

Are you able to get an **annual flu shot?** Yes  No

If NO, please explain: \_\_\_\_\_

Are you willing to complete a **criminal records check?** Yes  No

If NO, please explain: \_\_\_\_\_

**REFERENCE (excluding relatives)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ **\*Email:** \_\_\_\_\_

I understand that there is a 3-month probationary period, at which time any concerns the volunteer or the Program Coordinator may have will be addressed.

I will respect the confidentiality of the Rotary Hospice House and other affiliated volunteer venues, and of their clients and families.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Thank you for taking the time to fill out this form. Once your application has been received and reviewed, you will be asked to attend a screening interview. After training is completed and you still desire to be involved with Hospice, you will be asked to sign the Volunteer Commitment and Confidentiality form.***