

Hospice Training Application Form

Date of Application: _____2023

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: _____

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

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

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

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

Describe your personal support system.

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

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.