



## VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Hospice Kingston! By completing and signing this form, you are verifying that all information is correct. You also agree to allow Hospice Kingston to keep both personal and health information as required.

This is the first step to becoming a Hospice Kingston volunteer. Following this, you may be invited to an interview and asked to provide references and a police check with vulnerable sector screening. If you require any accommodations, physical or otherwise, please let us know, as Hospice Kingston is committed to removing barriers.

**Name:**

**Email:**

**Address:**

**Postal Code:**

**Home Phone:**

**Cell Phone:**

**What type of volunteer work are you interested in:**

- In-Home Hospice\* (respite support/visiting in the client's home)
- Tele-Hospice\* (call clients to offer psychosocial support)
- Grief and Bereavement Support\* (group facilitation or one-to-one support)
- Caregiver Support\*
- Day Wellness Support\*
- Gardening (Walk at City Park)
- Special Events
- Administrative/Office Work
- Fundraising

\*requires training

**Please indicate your availability (check all that apply):**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

**What goals do you hope to achieve through volunteering with Hospice Kingston?**

The development of:

- Interpersonal skills
- Teamwork skills
- Organizational skills
- Communication skills
- Computer literacy skills
- Leadership skills
- Teaching/training skills
- Other skills (please specify):

A chance to:

- Meet new people
- Help people in need
- Learn about hospice palliative care
- Support a cause I care about

**Why do you want to volunteer at Hospice Kingston?**

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

**What previous/current volunteer experience do you have?**

**By completing, signing and submitting this application, I acknowledge that:**

- I am 18 years of age or older and the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission may result in my dismissal if I am accepted as a volunteer.
- I understand that not everyone who applies is accepted as a volunteer.
- I understand that, if applicable, upon acceptance into a volunteer position, I must submit the results of a police records check with the vulnerable sector search.
- I acknowledge that Hospice Kingston provides services to all members of our community regardless of age, race, beliefs, gender, sexual orientation, etc. If accepted as a volunteer, I will be accepting and respectful of all people I come into contact with in my capacity as a volunteer.

Personal information contained on this form will be used for the purpose of volunteer selection and placement at Hospice Kingston. We will not share this information otherwise without permission from the applicant, nor do we sell information.

**Signature:**

**Date:**

**Please return completed applications to:**

Shannon Randall, Care Team Coordinator

**Email:** [shannon.randall@hospicekingston.ca](mailto:shannon.randall@hospicekingston.ca)

**Phone:** 613-542-5013 ext. 9 Monday - Thursday

**Fax:** 613-542-6309

**Mail:** Hospice Kingston

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