



**Volunteer Application
(Confidential when completed)**

Name: _____

Address: _____ City: _____

Postal Code: _____

Email: _____

Home Phone: _____ Work #: _____ Cell #: _____

Do you have voice mail? Yes No Car Available? Yes No

In case of emergency contact:

Name: _____ Phone: _____

Relationship: _____

Volunteer Positions and Preferences

Which areas are you interested in volunteering?

- | | | |
|---|---|--|
| <input type="checkbox"/> Client Support – Community | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Bereavement Support |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Special Events | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Gardening | <input type="checkbox"/> Community Awareness |
| <input type="checkbox"/> Fund Development | <input type="checkbox"/> Other: _____ | |

References

Please provide two references other than family.

Name: _____ Phone: _____

Email: _____

Nature of Relationship: _____

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Email: _____

Nature of Relationship: _____

Applicant's Signature Date

The screening process will continue with an interview. Please call to book an interview with Sandra Whaley 613-542-5013 ext.4. Bring completed application form to the interview please.

Thank you for your interest in volunteering with Hospice Kingston.