

Hospice Toronto

VOLUNTEER APPLICATION

Please complete all sections of this form (print clearly or type). This form will remain on file at Hospice Toronto.
All volunteer information and files are kept confidential and are only available to authorized personnel.

First: _____ Last: _____ Pronoun: _____

Address: _____

City: _____ Postal Code: _____

Closest Intersection: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Age Range (Circle): 18-20 21-30 31-40 41-50 51-60 61-70 71-80 81+

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

What type of volunteer role are you interested in? (Please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> In-Home Hospice | <input type="checkbox"/> Complementary Therapies | <input type="checkbox"/> Committees(Board) |
| <input type="checkbox"/> Young Carers Program | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Admin/ Office |
| <input type="checkbox"/> Journey Home Hospice | <input type="checkbox"/> Creating Caring Communities | <input type="checkbox"/> Fundraising/ Events |

What are hoping to get out of your volunteer experience with Hospice Toronto?

Previous Volunteer Experience: _____

Other than volunteering, what kinds of activities are you engaged in on a regular basis?

Describe the skills or interest you would be able to share with hospice clients and/or their caregivers:

Area of interest	Yes	No	Maybe
Willing to serve in a home with smokers			
Willing to serve in a home with pets			
Supporting community clients who are experiencing homelessness or who are vulnerably housed			
Volunteer in a residential hospice setting where clients may be coping with addiction and mental illness in addition to a life-threatening illness			
Supporting fundraising events			

Is there anything else you would like us to consider when matching you with a suitable volunteer role?

Do you have any allergies? If yes, please list:

Are you a smoker? Yes No How long can you go without a cigarette? _____

Are you able to make a commitment of a minimum of one year to volunteering with Hospice Toronto?
Yes ___ No ___

What languages other than English do you write and/or speak with ease?

Availability for Volunteering: (Please check all that apply. Note that the more times you are able to be available the faster we will be able to match you with a client.)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9am-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon-3pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm-6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6pm-9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Re: Availability: _____

Personal References: (Friend, Volunteer or Work related)

These individuals must be over 20 years of age, should have known you for more than 2 years and may not be a partner, spouse, family member or your therapist/social worker.

Reference #1:

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Best time to reach: _____

Reference #2:

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Best time to reach: _____

Your Signature: _____ Date: _____

Hospice Main Office:

55 Eglinton Ave East, Suite 502 M4P 1G8
Phone #: 416 364 1666 Fax: 416 364 2231
<http://www.hospicetoronto.ca>

CCC Satellite Office:

St. James Town Community Corner
200 Wellesley St. E.
Toronto, ON, M4X 1G2
Phone # 416-992-0477