

# VOLUNTEER APPLICATION Hospice Toronto

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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 Name:

Last Name:

Address:

City:

Postal Code:

**Best number** to reach you or leave messages:

**Text?**  Yes  No

Pronouns:

Email address:

Major Intersection:

I give my consent to receive emails regarding Hospice Toronto volunteering, programs and events :  Yes  No

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

- |  |   |
|--|---|
| <input type="checkbox"/> Admin/Office Support        | <input type="checkbox"/> Expressive Arts                          |
| <input type="checkbox"/> Bereavement Care            | <input type="checkbox"/> Fundraising/Events                       |
| <input type="checkbox"/> Complementary Therapies     | <input type="checkbox"/> Journey Home Hospice                     |
| <input type="checkbox"/> Committees (Board)          | <input type="checkbox"/> Hospice Care Companion (in home/virtual) |
| <input type="checkbox"/> Creating Caring Communities | <input type="checkbox"/> Young Carers                             |

Please tell us **why you are interested** in volunteering in the role(s) you've indicated & what you hope to gain from the experience:

Briefly outline your work/volunteer/school experience and other activities that you are regularly involved in (**or attach resume if you have one**):

## How did you hear about Hospice Toronto?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> CCC               | <input type="checkbox"/> Friend/Family   | <input type="checkbox"/> Local Newspaper |
| <input type="checkbox"/> Other            | <input type="checkbox"/> Our Website       | <input type="checkbox"/> Public Library  | <input type="checkbox"/> Service User    |
| <input type="checkbox"/> Social Media     | <input type="checkbox"/> Volunteer Toronto | <input type="checkbox"/> Charity Village | <input type="checkbox"/> Flyer           |

**To help us match you with a service user, please tell us a bit about yourself**

**Your age range?**

Young Adults (18-29 yrs)

Adults (30-39)

Adults 1 (40-49)

Adults 2 (50-59)

Seniors (60-69)

Seniors 1 (70-79)

Seniors 2 (79 +)

**What languages,** other than English, do you speak/write with ease:

Do you have personal experience caring for someone to the end of life?  Yes  No

Have you experienced loss within the last year?  Yes  No Did you receive bereavement support?  Yes  No

**Driving** Do you have a valid Driver's License and access to a vehicle?  Yes  No

Are you willing to drive a client if required?  Yes  No

*(A copy of your license and up-to-date insurance coverage will be required if you say yes)*

**Describe your experiences** with cultural diversity including spiritual/religious/faith practices related to illness, death, dying and bereavement:

**What are your hobbies/interests?** (Please check all that apply)

- Acting
- Animal Lover
- Bird Watching
- Board Games
- Cards
- Chess
- Children
- Cooking
- Crafting
- Crochet
- Yoga (Teacher? \_\_\_\_\_)
- Other (please list)
- Dancing
- Dog Lover
- Drawing
- Event Coordination
- Fishing
- Fundraising
- Gardening
- Handy Person
- History
- Knitting
- Meditation
- Movies/TV
- Music
- Musical Instruments
- Nature/Outdoors
- Painting
- Photography
- Piano Playing
- Puzzles
- Reading
- Reiki (Training Level: \_\_\_\_\_)
- Science
- Sewing
- Singing
- Sports
- Swimming
- Tai Chi (Teacher?)
- The Arts
- Theatre
- Therapeutic Touch (Level: \_\_\_\_\_)
- Walking
- Writing/Scrapbooking
- Traveling

<b>Are you willing to serve?</b>	Yes	No	Maybe
A client with pets			
A client who smokes			
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			

Do you have any **allergies, limitations or health issues** which may affect your ability to volunteer and that you would like us to consider when placing you in a volunteer position??  Yes  No

If **yes**, please describe:

**Please check (✓) for your availability for volunteering.** Please give as many choices as possible.

Our greatest need is for client service volunteers with weekday, daytime availability.

I am available only in the evenings

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9am -noon							
Early Afternoon noon-3pm							
Late Afternoon 3pm-6pm							
Evening 6pm-9pm							

**Who is your emergency contact?**

Name

Relationship

Best Contact #

**Please provide two personal references.**

*These individuals must be over 20 years of age, ideally should have known you for more than 2 years, and may not be a partner, spouse, family member or your therapist/social worker. Acceptable are prior volunteer or work supervisor, friend, neighbours, etc.*

Name:

Relationship:

Telephone:

Email:

Name:

Relationship

Telephone:

Email:

*Information collected on this authorized form complies with the Privacy Act and Personal Health Information Protection Act. Hospice Toronto collects information to assist with program planning, improvement of services, and research. This information is confidential and shall not be used for purposes other than those for which it was collected, nor shall any identifying information be sent externally, except with your expressed consent or as required by law. We encourage you to discuss any questions/ concerns you may have with one of our staff. By **signing below** you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references. **False statements and omissions are grounds to terminate the volunteer relationship.***

**I agree to follow Hospice Toronto's policies & procedures. Failure to do so may result in termination of the volunteer relationship.** I am able to make a ONE YEAR COMMITMENT (with time off for vacation, breaks etc.). I understand that completion of all training (both online and in person) as well as a clear Vulnerable Sector Police check is required in order to be placed as a volunteer.

Signature:

Date: