

Visiting Volunteer Application

PERSONAL INFORMATION

Date: _____

Name _____

Address _____

City _____ Postal Code: _____

Email: _____ Cell: _____ Phone: _____

Age of Majority : [] Yes [] No

Occupation/Employer _____

General Information

How did you hear about Home Hospice North Lanark? _____

Why do you want to become a hospice volunteer? _____

Have recently experienced a loss of someone close to you? _____

Availability

Weekdays: Mornings [] Afternoons [] Evenings []

Weekends: Mornings [] Afternoons [] Evenings []

PLEASE INDICATE IF THERE ARE OTHER WAYS YOU WOULD LIKE TO HELP

(In addition to being a Visiting Volunteer)

Transportation [] Office Administration []

Help with events [] Help with fundraising []

Please describe any previous volunteer experience you may have: _____

What other skills, experience, or special interests do you have? (For example: gardening, computers, card games, music, dancing, or art.) _____

Please give us a brief outline of your educational/professional background or attach a resume to this application: _____

Do you speak any languages other than English? _____

What do you hope to gain from your experience volunteering with the hospice _____

Training consists of 36 hours online/in person over approximately a 13 week period, can you commit to this?

Yes [] No []

Can you commit to volunteering 3-4 hours per week?

Yes [] No []

Can you commit to volunteering for Home Hospice North Lanark for at least one year?

Yes [] No []

References

Reference #1

Name _____

Address _____

City _____ Postal Code: _____

Email: _____ Cell: _____ Phone: _____

Has this person been informed that they have been listed as a reference? Yes [] No []

Reference #2

Name _____

Address _____

City _____ Postal Code: _____

Email: _____ Cell: _____ Phone: _____

Has this person been informed that they have been listed as a reference? Yes [] No []