Home Hospice North Lanark

Comfort, Compassion, Advocacy and Support in Your Own Community

Nav-CARE

Making Connections, Making a Difference

Visiting Volunteer Application

Personal Information Date: _____

Name _____

Address _____

City _____ Postal Code: _____

Email: _____ Cell: _____ Phone: _____

Present or Former 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 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.)

_____

_____

_____

Home Hospice North Lanark | P.O. Box 787, Almonte, Ontario K0A 1A0 | 613-406-7020 | 343-262-0902 | Fax 613-691-6060 | **www.hhnl.ca**

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

_____

_____

_____

_____

Training consists of 35 hours Hospice Association of Ontario (HPCO) training and 6 hours of Nav-CARE training. Can you commit to this? Note: HPCO training is completed online. Nav-CARE training is also completed online unless a group of candidates are interested in in-person training at the same time.
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 ☐

Are you interested in helping HHNL in other areas such as:
volunteering at events ☐, or helping with fundraising ☐?

Once completed, please send by email to info@hhnl.ca, by fax to 613-691-6060,
or by post to Home Hospice North Lanark, P.O. Box 787, Almonte, ON K0A 1A0