



Comfort, Compassion, Advocacy and Support in Your Own Community

Visiting Volunteer Application

Personal Information

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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 you recently experienced the loss of someone close to you? \_\_\_\_\_

\_\_\_\_\_

Availability

Weekdays: 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.)

\_\_\_\_\_

\_\_\_\_\_

Are you willing to obtain a Vulnerable Sector check?

Yes [ ] No [ ]

Do you speak any languages other than English? \_\_\_\_\_

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

What do you hope to gain from your experience volunteering with HHNL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training consists of 35 hours Hospice Association of Ontario (HPCO) training (completed online).  
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 [ ]

***Reference #3***

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@hhn.ca](mailto:info@hhn.ca), by fax to 343-809-8880, or by post to Home Hospice North Lanark, P.O. Box 787, Almonte, ON K0A 1A0