



Volunteer Application Form

Please submit in confidence to Volunteer Coordinator at mwatson@chathamkenthospice.com or mail to **Chatham-Kent Hospice, 34 Wellington St. E, Chatham, ON N7M 3N7**

Chatham-Kent Hospice is committed to protecting your privacy. We promise to keep all the information that you share with us confidential. We only collect personal information for our use and will not share, sell or distribute your information with any outside parties.

Last Name: _____ **First Name:** _____
Address: _____
City: _____ **Postal Code:** _____
Home Phone Number: _____ **Alternate Phone Number:** _____
Email Address: _____ **Birthday: Day** _____ **Month:** _____

Primary Contact Method (please select one): Postal Mail / Email / Home Phone / Alternate Phone

Person to contact in case of an emergency:
Name: _____ **Telephone:** _____

What languages do you speak: __Dutch __Filipino __Finnish __French
__German __Italian __Macedonian __Polish __Spanish __Other _____

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
8:30am-12:30pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30pm-4:30pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00pm-5:00pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30pm-8:30pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11am-2pm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you like to volunteer: __Weekly __Bi-Weekly or __Monthly

Are you willing to provide a recent criminal reference check as part of the required screening process at time of interview? Yes / No

Personal References

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

1. _____ Phone/email: _____
2. _____ Phone/email: _____



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Skills and Interests

Describe the skills or interests you would be able to share (arts and crafts, music, computers/social media, administrative, cooking/baking, good listener, leadership, caring, compassionate, professional)

<input type="checkbox"/> Able to work independently	<input type="checkbox"/> Gardening
<input type="checkbox"/> Able to work well in a team	<input type="checkbox"/> Health Care
<input type="checkbox"/> Scrapbooking/Card making	<input type="checkbox"/> Office/Administrative
<input type="checkbox"/> Caring and Compassionate	<input type="checkbox"/> Integrity
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> NFP Board or volunteer experience
<input type="checkbox"/> Decorating or Floral design	<input type="checkbox"/> Legal
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Reiki <input type="checkbox"/> -Therapeutic Touch
<input type="checkbox"/> Financial	<input type="checkbox"/> Meditation/Yoga
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Music
<input type="checkbox"/> Non judgmental	<input type="checkbox"/> Patience and understanding
<input type="checkbox"/> Reading to others	<input type="checkbox"/> Technology
<input type="checkbox"/> Self-starter	<input type="checkbox"/> Understanding of Confidentiality

Volunteering matching

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

Rank your top 3 choices (1-3)

Indirect Care Volunteer Roles	Direct Care Volunteer Roles
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Complementary Therapy
<input type="checkbox"/> Grief and Bereavement Volunteer	<input type="checkbox"/> Music Care Volunteer
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Night Vigil Volunteer
<input type="checkbox"/> Public Awareness	<input type="checkbox"/> Direct Support Volunteer
<input type="checkbox"/> Reception	
<input type="checkbox"/> Special Events/Fundraising	
<input type="checkbox"/> Gardening	
<input type="checkbox"/> Floral Care Volunteer	
<input type="checkbox"/> Board of Directors/ Committees	

Volunteer Agreement

I understand that not all applications will be accepted. I further confirm that the above information is true to the best of my knowledge.

I Agree Signature: _____ Date: _____