



**VOLUNTEER APPLICATION**

The information on this form is strictly confidential. It is meant to give Hospice the opportunity to get to know you a little better and understand how you would like to contribute

**SECTION ONE- General Application**

Please print clearly

Date: \_\_\_\_\_  
dd/mm/yy

Birthdate: \_\_\_\_\_  
dd/mm/yy

Name (Please print): \_\_\_\_\_  
(Last name, First name) (Name you would like to be called)

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_ **Relationship to You:** \_\_\_\_\_

Describe briefly why you are interested in volunteering with the Salt Spring Hospice. What factors contributed to your desire to volunteer for us?

**Personal Inventory of Talents, Skill, Abilities and Interests:**

- Gifts and talents I have to offer are:
  
- Personal &/or professional skills, abilities and knowledge I have to offer are:
  
- Character qualities and strengths I possess are:

**Availability for Volunteering:**

Please indicate when you would typically be available to volunteer (please check all that apply)

\_\_mornings \_\_ early afternoons \_\_ late afternoons \_\_early evenings \_\_ late evenings \_\_ overnight

How many hours a week are you able to volunteer? \_\_\_\_\_ hours.

Additional Comments re: Availability:



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**THE AREAS I AM INTERESTED IN VOLUNTEERING ARE:**

**Friends Of Hospice Volunteer Positions:** Volunteers who support the work of Hospice, without working directly with clients/client families

**Administrative Support**

Board  Speakers Bureau  Grant Proposal Writing  Knowledge Philanthropist  Community Education/Awareness  Special Projects

**Special Events**

Planning/Coordinating  Publicity/Promotion  Event IT  Event Set-up/Take Down  
 Greeting/Serving

**Hospice Office Support**

Reception  Hospice Newsletter  Library  Poster/Pamphlet Distribution  Data Entry  
 Filing/Collating/Photocopying  Volunteer/Community Surveys

**Direct Care Volunteer Positions:** Volunteers who work directly with Hospice & Bereavement Clients.

**Advance Care Planning (ACP) Program:**

1-1 assistance with ACP  ACP Group Facilitator  ACP Presenter/Educator

**Hospice Care Program**

1-1 Hospice Client Support  1-1 Family Support  Respite Support  Therapeutic Touch/Reiki  
 Mintos Hospital Visiting Team  Greenwoods Visiting Team  Vigil Support

**Bereavement Care Programs**

1-1 Grief Support  Mail Outreach Program  Grief Phone Outreach Program  Grief Group Facilitator  
 Coping With Grief Over The Holidays Program

**Leadership –Mentor Volunteer**

ACP Team Leader  Bereavement Team Leader  Grief Group Team Leader  Home Visiting Team Leader  
 Mintos Visiting Team Leader  Vigil Team Leader  Mentor Volunteer

**Personal References**

Please provide two personal references who are aware of your intent to volunteer with Salt Spring Hospice.

Name (please print): \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Best time to reach: \_\_\_\_\_

What is your relationship to this person:  Business  Personal

How long have you known this person: \_\_\_\_\_



**Salt Spring Hospice**

**VOLUNTEER APPLICATION**

Name (please print): \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Best time to reach: \_\_\_\_\_

What is your relationship to this person:  Business  Personal

How long have you known this person: \_\_\_\_\_

Is there anything we should know about you that has not already been covered?

I understand that the information provided in this application to volunteer with Salt Spring Hospice is part of the permanent volunteer file which will be kept confidential and used only to assist in completing the volunteer screening process and in matching my skills and interests with the needs of hospice. My signature below gives Salt Spring Hospice permission to contact my references.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for completing this application form, and for your willingness and generosity to give of your time to the Salt Spring Hospice, so that we may meet the needs of the clients and families we serve. This work could not be done without our volunteers.

Please submit your application from to:

**Salt Spring Hospice**

Email: [office@saltspinghospice.org](mailto:office@saltspinghospice.org)

Mail: PO Box 521 Ganges, Salt Spring island, BC V8K 2W2

In person: 129 Hereford, Ganges, Salt Spring Island



**VOLUNTEER APPLICATION**

**SECTION TWO: FOR DIRECT CARE VOLUNTEER APPLICANTS ONLY**

Tell us why you want to work directly with palliative and/or bereaved clients as a hospice volunteer, by responding to the following questions as thoughtfully and completely as you can. You may respond to each question individually, or in an essay format, as an attachment.

1. Have you experienced any major life changes in the last 12 months i.e. ill health, move/relocation, job, relationships, a loss through death? Yes/No If so, please describe briefly
2. Have you ever spent time with someone very sick and/or dying? Yes/No If so, please describe briefly:
3. Have you ever seen a dead body? Yes/No If yes, please describe how that was for you:
4. Our volunteers work with people with cancer, ALS, heart disease, dementia, and other life limiting and life ending illnesses and concerns. Describe your feelings about what it may be like for you to be with people with various illnesses, and symptoms associated with those illnesses.
5. Our volunteers work with people who are grieving the death of someone significant to them. Describe your feelings about what it might be like for you to support someone who is grieving?
6. Our clients come from many different backgrounds. They may include people with different ethnicity, cultural beliefs, value systems, socio-economic background, sexual orientation etc. Describe your feelings about what it may be like for you to support people who have different life experiences and backgrounds from your own?
7. Volunteers provide emotional and practical support for people dying, their families and the bereaved. What kinds of clients or situations might you find uncomfortable or difficult to work with and why?



**VOLUNTEER APPLICATION**

8. It is important for caregivers to have good emotional support in their own lives. What are sources of emotional support for you? What refreshes and revives you when you are under stress or managing challenging situations (physically, mentally, emotionally, spiritually)?
  
9. When matching volunteers and clients it is sometimes useful to identify common interests, activities and/or experiences. Please list any hobbies, skills, recreational activities and/or special interests you have or have been involved in.
  
10. Do speak or understand any languages? Sign language? If so please specify
  
11. New volunteers will be asked to make a one-year commitment to volunteer; to attend/participate in volunteer education modules; and commit to a self reflective practice. Are you able to make that commitment at this time?

**SECTION THREE: VOLUNTEER APPLICANTS WITH COMPLEMENTARY THERAPY SKILLS**

- Please list the Complementary Therapy Specialty(ies) you would like to offer as a Hospice Volunteer:
  
- How long have you been practicing this/these forms of complementary therapy skills?
  
- What insights or personal reflections have come to you from offering and/or practicing this/these type(s) of complementary therapy?
  
- Please provide copies of the following documentation:
  - Certificate(s) of education/training
  - Membership(s) with associations/colleges (if applicable)