



Client Support Volunteer Application Form

Personal Information

Surname

First Name

Address

City

Postal Code

Home Phone

E-mail Address

If we may contact you at work:

Work Phone

Do you have a car available for client visiting/appointments? Yes No

Languages Spoken: _____

General Information

How did you hear about Hospice of Waterloo Region?

Why are you interested in applying to be a Client Support Volunteer for Hospice of Waterloo Region?

What is your image or perception of hospice palliative care in our community?

What do you hope to learn from the 33-hour training program?

Previous Experience (volunteer, work, life)

Please share any previous formal or informal volunteer experience (helping out an elderly neighbour, Church ect):

What qualities or assets will you bring to Hospice of Waterloo Region?

Please share any special skill or field of study which may relate to your interest in Hospice of Waterloo Region:

During the past year, have you had a significant loss? If yes, please explain the circumstances:

What are your thoughts about a client's use of narcotics (i.e. morphine) for pain control?

Stress Management

What methods do you use to cope with stress?

Please list any interests/hobbies that you enjoy, and would like to share with a client (gardening, music...).

Availability

When are you available to volunteer? *(check all that apply)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How frequently are you able to volunteer?

- More than once a week Once a week Twice a month Once a month

Supportive Care Choices *(check all that may be of interest to you)*

- | | |
|---|---|
| <input type="checkbox"/> One-on-One Match in the client's home | <input type="checkbox"/> Out-of-town driving assignments (mileage reimbursed) |
| <input type="checkbox"/> Cambridge Hospital Palliative Care Floor | <input type="checkbox"/> In-town driving assignments |
| <input type="checkbox"/> Winston Park (Long Term Care) | <input type="checkbox"/> Bereavement Walking Group |
| <input type="checkbox"/> Lisaard House (residential hospice) | <input type="checkbox"/> Children's Support Program |

Other Areas of Interest

Are you interested in helping out in any other areas? *(check all that apply)*

General Office Work

- Computer (Access, Word, Excel)
- Photocopying
- Telephone Coverage/Reception
- Mailouts – newsletter, flyers

Activities

- Fund Raising Events/Activities
- Educational Events

Public Relations

- Mall / Fair Displays
- Committees
- Speakers Bureau
- Board of Directors

Goals of Volunteering

What goals do you hope to achieve through volunteering with Hospice? *(check all that apply)*

The development of:

- | | |
|---|--|
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Teamwork skills |
| <input type="checkbox"/> Supervisory skills | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Creative thinking skills | <input type="checkbox"/> Oral communication skills |
| <input type="checkbox"/> Computer literacy skills | <input type="checkbox"/> Leadership skills |
| <input type="checkbox"/> Teaching/training skills | <input type="checkbox"/> Other skills (please specify) _____ |

A chance to:

- | | |
|--|---|
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Help people in need |
| <input type="checkbox"/> Learn about hospice palliative care | <input type="checkbox"/> Work with a specific group (children, seniors) |

I, _____ verify that the information given is true and accurate, and I grant Hospice of Waterloo Region permission to verify *any* information included on the application form.

Signature

Date

References

Instructions:

1. Please provide us with the names of **three people** who have agreed to act as a reference for you.
2. References should, *if possible*, include a volunteer agency, work supervisor or a person who has worked with you on a project/committee.
3. List each person's name and contact information.
4. Sign the release statement below.

Reference 1:

Name: _____ Relationship: _____

Company/Agency (if applicable): _____

Telephone Number and best time to reach reference: _____

Reference 2:

Name: _____ Relationship: _____

Company/Agency (if applicable): _____

Telephone Number and best time to reach reference: _____

Reference 3:

Name: _____ Relationship: _____

Company/Agency (if applicable): _____

Telephone Number and best time to reach reference: _____

The people listed have agreed to be references for _____ (please print name). I give my permission to a representative of Hospice of Waterloo Region to contact these individuals by telephone.

Signature: _____ Date: _____