



# Volunteer Application Form

## COMPLETION INSTRUCTIONS

If the form is filled-out **ON YOUR COMPUTER**, please follow the steps below:

- Step 1** ⇒ Fill-out the form completely and accurately on your computer.
- Step 2** ⇒ Once completed, print and sign the form where indicated with an "X" on page 4, and submit as instructed below.

If the form is filled-out **MANUALLY** (by hand), please follow the steps below:

- Step 1** ⇒ Print the form.
- Step 2** ⇒ Fill-out the form completely and accurately. Please use a black pen and write clearly.
- Step 3** ⇒ Once completed, sign the form where indicated with an "X" on page 4, and submit as instructed below.

Submit the completed and signed Volunteer Application Form as follows:

- ⇒ Fax to: 519-743-7021
- OR** ⇒ Scan and send by email to: [ggeiger@hospicewaterloo.ca](mailto:ggeiger@hospicewaterloo.ca)
- OR** ⇒ Drop-off in person or Mail to: Gabriel Geiger

Hospice of Waterloo Region  
Attn: Coordinator of Volunteers  
100 Solstice Way, Waterloo, ON  
N2K 0G3

Questions?

Questions can be directed to the Coordinator of Volunteers at 519-743-4114 – Ext. 113

**IF THE FORM IS FILLED-OUT  
ON YOUR COMPUTER,  
[CLICK HERE](#) TO PROCEED TO THE FORM**

**IF THE FORM IS FILLED-OUT  
MANUALLY (by hand),  
[CLICK HERE](#) TO PRINT THE FORM**



# Volunteer Application Form

Personal Information			
Last Name		First Name	
Address		City	Province Postal Code
Home Phone Number	Cell Phone Number	Work Phone Number <i>(if we may contact you at work)</i>	
E-mail Address		Languages Spoken	
Occupation	Employer Name		
Do you have a car available for client visiting / programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any criminal convictions or pending charges for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact Information	
Emergency Contact Name	
Relationship (Is this person your Substitute Decision Maker? Yes/No/Not sure?)	Emergency Contact Phone Number

General Information
How did you hear about Hospice of Waterloo Region?
Why would you like to volunteer for Hospice of Waterloo Region?

Previous Experience
Please share any previous formal or informal volunteer experience (i.e. helping an elderly neighbour, Church):

## Previous Experience (Cont'd)

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

Please share any special skill, work experience or field of study which may relate to your interest in Hospice of Waterloo Region  
(Optional – you may attach a resume):

Hospice of Waterloo Region is a Positive Space organization and we provide support to individuals of all sexual and gender diversities. Are you willing to volunteer under this policy?

Yes  No

## Availability ⇨ When are you available to volunteer? (Please 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 available to volunteer?  More than once a week  Once a week  Every two weeks  Monthly

## The following questions pertain only to Client Support Volunteer applicants.

What do you hope to learn from the 35-hour training?

Working with the dying may trigger our own loss history. During the past year, have you had a significant loss?

No  Yes ⇨ Please explain the circumstances:

What methods do you use to cope with stress?

**The following questions pertain only to Client Support Volunteer applicants (Cont'd)**

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

**Preferences in Volunteering (to be completed by all applicants)**

**Client Support Volunteer Roles – Please check (✓) all that apply**

- One-on-One Volunteer Visiting
- Bedside Vigils - program on hold due to Covid19
- Reiki
- Day Away Program
- Transportation (local)
- Reflexology
- Bereavement Walking Group
- Transportation (out of town - on hold due to Covid19)
- Therapeutic Touch
- Hairstyling

**Organizational Support (non-client) – Please check (✓) all that apply**

- Office
- Gardening
- Committees
- Special Events/Fundraising
- Housekeeping
- Board of Directors
- Volunteer Presenter (public presentations to community)

**NEW Hospice Waterloo, The Cook Family Residence, 100 Solstice Way, north Waterloo, – Please check (✓) all positions of interest**

- Hospice Residence Client Support
- Kitchen (food prep, cooking, baking)
- Garden
- Housekeeping
- Reception
- Maintenance
- Laundry

**Attestation & Consent**

I, \_\_\_\_\_, attest 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.

## REFERENCES – *References will not be called until after your volunteer interview*

### Instructions:

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

1.	Name	Relationship
	Company/Agency	
	Telephone Number	Email (would your reference prefer email or phone?)
2.	Name	Relationship
	Company/Agency	
	Telephone Number	Email (would your reference prefer email or phone?)
3.	Name	Relationship
	Company/Agency	
	Telephone Number	Email (would your reference prefer email or phone?)

### Release Statement and Signature

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.

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm-dd-yyyy)