

Thank you for your interest in volunteering at Hospice Waterloo Region (HWR). The following information outlines what is required as a HWR volunteer.

- The minimum age to volunteer at HWR is 16.
- Applicants that have experienced the death of a significant person in their life are asked to wait 1 year afterwards before applying to be a volunteer
- We are seeking volunteers that will commit to at least a 1 year term and youth volunteers commit to 3-6 months term at HWR.

Volunteer Opportunities:

The opportunities for volunteers at HWR are divided into the following areas:

Youth Volunteer, Organizational Volunteer and Client Support Volunteer.

- **Youth Volunteers** - Special Events, Office, Gardening and Kitchen Assistant
- **Organizational Volunteers** - Gies Family Centre Office Reception, Gardening, Special Events, Kitchen Assistant, Kitchen Volunteer, and Laundry
- **Client Support Volunteers (must be age 19 or older)** - Cook Family Residence reception desk, 1:1 visiting clients in community, comfort matches, visiting a resident, bedside vigils in residence, Day Away Program, Bereavement Walking Group (BWG), Transportation, Certified Complementary Therapy Volunteers (Therapeutic Touch, Reiki and Reflexology), Hairstylist, Legacy Activities, and Refreshment Cart.

Process to Volunteer

- Complete and return this application with three references.
- You will then be contacted for an interview that will help assess what position would best match your skills, interests and availability. (Not all applicants are successful candidates)
- Should you be deemed a successful volunteer applicant, you will be provided with a Police Record Check letter to upload to their online application process. All volunteers over 18 require a police record check. The police Record Check must be:
 - In its original form
 - Dated no later than 3 months prior to your interview date.
 - Appropriate to the role you will volunteer in (ie. Judicial Matters vs. Vulnerable Sector Check)
 - Applicable to a hospice setting. (NOTE: waiting to obtain a letter from HWR after your volunteer interview will ensure you receive the correct police record check at a reduced cost of \$20 for vulnerable sector and no cost for Judicial Matters Checks).
- Complete the appropriate training program according to your volunteer role

Client Support Volunteer Screening Requirements: All client facing volunteers are required to take a 35-hour training course through Hospice Waterloo Region. All volunteers are encouraged to have all appropriate immunizations up to date. Vaccines are provided and administered by a family physician, and there may be a fee associated with it. As this is recommended, and not mandatory, HWR will not reimburse the cost. Volunteers visiting clients in hospitals, or long term care settings may be required to receive a TB-test and have immunizations up to date.



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: volunteercoordinator@hospicewaterloo.ca

OR ⇒ Drop-off in person or Mail to:

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 <i>(mandatory)</i>	
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):
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Previous Experience (Cont'd)

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

Are you First Aid certified currently?

Yes

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 Visiting (Community)	Bedside Vigils	Legacy Activities	Reiki
Visiting With A Resident	Transportation (local)	Refreshment Cart	Reflexology
Day Away Program	Transportation (out of town)		Therapeutic Touch
Bereavement Walking Group	<input type="checkbox"/> Reception Residence (CFR)		Hairstyling

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

Office Reception (GFC)	Committees	Kitchen Volunteer (food prep, cooking, baking)
Special Events/Fundraising	Admin Projects	Kitchen Assistant
Maintenance	Gardening	
Volunteer Presenter (presentations to community)	Laundry	

NEW**Youth Volunteers– Please check (✓) all positions of interest**

Kitchen Assistant	Office Admin Projects
Special Events/Fundraising	Gardening

Attestation & Consent

I, _____, attest that the information given is true, accurate and that the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement. I grant Hospice of Waterloo Region permission to verify *any* information included on the application form.

I understand that Hospice Waterloo Region reserves the right to accept or not accept volunteer applicants based on the match between the organizations' needs, and the applicant's skills, interests, suitability and availability. I understand that I am required to complete training and orientation before starting to volunteer.

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?)

	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 _____

Volunteer Name (please print name)

I give my permission to a representative of Hospice of Waterloo Region to contact these individuals by telephone or email.

Parental Acknowledgement (Must be completed for all volunteers under the age of 18).

I support my child in his/her decision to volunteer at Hospice Waterloo Region. I understand that all potential volunteers undergo a screening process that includes an interview, reference checks, and attending an orientation and training sessions as scheduled by the Volunteer Coordinator. I also understand that all volunteers will be subject to disciplinary measures up to and including termination of services in cases of negligent or disruptive behaviours/actions.

Name of person signing (please print)

X

Signature
(if under age 18 parent/guardian of volunteer)

Date (mm-dd-yyyy)