



Hospice Waterloo Region
100 Solstice Way Waterloo, ON N2K 0G3
T. 519.743.4114 E. volunteercoordinator@hospicewaterloo.ca
www.hospicewaterloo.ca

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

The minimum age to volunteer at HWR is 14 (Youth Volunteer Application Form is available).

- Applicants that have experienced the death of a significant person in their life are asked to wait 1 year following the death before applying to be a volunteer
- We are seeking volunteers that will commit to at least a 1 year term or longer 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, Cook Family Residence Reception, Gardening, Special Events, Committees, Kitchen Assistant, Kitchen Volunteer, Laundry, and Music Volunteer in Residence
- **Client Support Volunteers (must be age 19 or older):** One-to-One Friendly Visiting Clients (Companion and Comfort Matches), Bedside Vigils In Residence, Day Away Program, Bereavement Walking Group (BWG), Transportation Driver, Ambassador Presenter, Certified Complementary Therapy Volunteers (Therapeutic Touch, Reiki and Reflexology), Certified Hairstylist, Legacy Activities, Pet Visiting and Refreshment Cart/Hospitality

Process to Volunteer

- Complete the Volunteer Application Form
- Provide contact information for three references on page 4 of this application
Family members and friends may NOT provide a reference.
- Eligible volunteer applicants 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)
- Following the interview, should you be deemed a successful volunteer applicant, you will be provided with a Police Record Check letter in order for you to apply online for a police check. 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 (Judicial Matters vs. Vulnerable Sector)
 - 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 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. Volunteers visiting clients in hospitals, or long term care settings may be required to receive a TB-test and have immunizations up to date.

Organizational Volunteer Requirements: All organizational volunteers will attend a 2 hour orientation and complete e-learning modules (approximately 5 hours of training).

Adult Volunteer Application Form

| Personal Information | | | |
|--|-------------------|---|-------------------------|
| Last Name | | First Name | |
| Address | | City | Province Postal Code |
| Home Phone Number | Cell Phone Number | Preferred Pronouns | |
| E-mail Address | | Languages spoken, along with English are an asset (please list) | |
| Occupation | Employer Name | | |
| Do you have reliable transportation to get to and from your volunteering? Yes 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 (mandatory) | |
| 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?

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

Are you or someone you care about currently receiving any supports from Hospice?

No

Yes (please explain the circumstances:

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 and areas of interest in Volunteering

Client Support Roles (35-hr training required through Hospice Waterloo Region). Please check (✓) all that apply.

| | | | |
|---------------------------------|---|-------------------|---------------------------------------|
| One-on-One Visiting (Community) | Bedside Vigils | Legacy Activities | Reiki (already certified) |
| Visiting With A Resident | Transportation (local) | Refreshment Cart | Reflexology (already certified) |
| Day Away Program | Peer Group Facilitator | | Therapeutic Touch (already certified) |
| Bereavement Walking Group | <input type="checkbox"/> Ambassador Presenter | | Hairstyling (already certified) |

Organizational Support (non-client) 5 hr training required – Please check (✓) all that apply

| | | |
|----------------------------|----------------|--|
| Office Reception (GFC) | Committees | Kitchen Volunteer (food prep, cooking, baking) |
| Reception Residence (CFR) | Admin Projects | Kitchen Assistant |
| Laundry | Gardening | Music in Residence |
| Special Events/Fundraising | Maintenance | |

Notice of Collection & Storage

Personal information on this form is collected under the authority of the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Privacy Legislation of Ontario and will be used to maintain volunteer records, make placements, and compile a contact list for newsletters and recognition. Questions regarding this collection should be forwarded to the Volunteer Coordinator, Hospice Waterloo Region, 100 Solstice Way, Waterloo, ON, Canada N2K 0G3, 519.743.4114.

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 (Please read carefully):

1. To ensure client safety and support suitable volunteer placements, all volunteers must provide at least **three references**. Please list the names and contact details of individuals who have agreed to serve as a reference.
2. **References from family members or friends will not be accepted.** Suitable references may include: individuals from a volunteer organization, neighbors, work supervisors, pastors, coaches, teachers/instructors, clergy, or anyone who has worked with you on a project or committee.
****All references must be over 20 years old and have known you for at least two years.**
3. Please sign the release statement located at the bottom of this page.

| | | |
|-----------|------------------|---|
| 1. | Name | Relationship (Type and Duration) |
| | Company/Agency | |
| | Telephone Number | Email (would your reference prefer email or phone?) |
| 2. | Name | Relationship (Type and Duration) |
| | Company/Agency | |
| | Telephone Number | Email (would your reference prefer email or phone?) |
| 3. | Name | Relationship (Type and Duration) |
| | 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 to furnish any relevant information they may have concerning my suitability as a volunteer with the Hospice of Waterloo Region.

Submit Completed Application Form

Hospice Waterloo Region
 Volunteer Coordinator
 100 Solstice Way, Waterloo, ON N2K 0G3
 P: 519.743.4114 x113 | F: 519.743.7021 | E: volunteercoordinator@hospicewaterloo.ca

 Name of person signing (please print)

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

Date (mmm-ddd-yyyy)

A Personal Inventory for Prospective Hospice Volunteers

Things to Consider When Applying to be a Hospice Volunteer

Volunteer Services are an integral component of the Hospice program. In considering whether Hospice volunteering is a service you want to give at this time, please consider the ideas expressed below.

- You have an interest in the Hospice concept, and have the desire to help others. You have some awareness of what is drawing you to Hospice work, and are willing to explore this in depth.
- You are sensitive to the special needs of dying patients and their families, and have chosen to work to support them.
- You are aware of the losses you have experienced, and your way of grieving, and have a sense of perspective about life and death, loss and grief.
- You are open to others who may have different values, beliefs, and ways of living. You are able to listen well, and to validate others where they are, rather than where you might believe they should be.
- As you may be called on to work in a variety of areas and perform many different tasks, self-reliance, flexibility and adaptability are assets. Realistic awareness of your own strengths and weaknesses, and the ability to set limits are important.
- You like working as part of a team, and are willing to explore ways of supporting and being supported by other team members. You are dedicated to your own growth and on-going learning. Your personal strengths will likely include warmth, concern for people, sense of humour, and approachability.
- You are willing to commit yourself to the training and to the volunteer responsibilities that follow, and to gaining an understanding of the standards and policies of the Hospice program.
- You are not bringing personal agendas or “missions” to your Hospice work, and understand that our work is not to change people, but to be with them where they are.
- If you have experienced a significant personal loss within the past year, one that you are still actively grieving, please consider carefully your present ability to take on a demanding training program. This work can intensify your own grief. We will review each applicant individually in this regard.
- As working as a Client Support Volunteer for Hospice of Waterloo Region can be stressful at times, it is important that you have good supports and ways of taking care of yourself, meeting change and the unexpected with ease.