



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 Youth HWR volunteer.

- The minimum age to volunteer at HWR is 14 (Youth Volunteer).
- 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 3-6 months term or longer at HWR.

Youth Volunteer Opportunities:

The opportunities for youth volunteers are:

- **Kitchen Assistant Volunteers** assist staff and other volunteers with daily activities in the residence kitchen. Activities may include keeping the kitchen and dining area clean and organized. The kitchen assistant's tasks include: assist in washing dishes, utensils and kitchen appliances and ensure proper storage, assist in some preparation of food, brew coffee, and plate desserts.
- **Garden Volunteers** assist staff and other volunteers with daily activities in the gardens and grounds around the facility. Activities may include keeping the gardens and grounds healthy and cultivated. Tasks may include cleaning plants, watering, rotating, planting, pruning, feeding and inspection for disease and infestation.
- **Office Reception Volunteers** assist staff and other volunteers with daily activities in the office administration building. The office volunteer duties will vary from shift to shift and may include: answer and direct incoming calls in a timely manner, record and relay messages, greet visitors, assemble and mail appropriate information packages, scanning, photocopying, filing and other duties as required.
- **Event Volunteers** assist staff and other volunteers with setup, cleanup, running activities, handing out refreshments and other duties as required.

Process to Volunteer

- Complete and return this application with at least 2 of 3 references. Completed references must be placed in a sealed envelope and returned to the Volunteer Coordinator. ***Family members and friends may NOT provide a reference.***
- Applicants must complete an interview virtually or in-person that will help assess what position would best match your skills, interests and availability. (Not all applicants are successful candidates).
- Must attend 2 hour in-person orientation/training session.
- Complete the appropriate training program according to your volunteer role



Youth Volunteer Application Form (for volunteers ages 14-18)

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**



Youth Volunteer Application Form

(for volunteers ages 14-18)

Personal Information			
Last Name		First Name	
Address		City	Province Postal Code
Home Phone Number	Cell Phone Number		Birthdate (MM/DD/YYYY)
E-mail Address		Languages Spoken	
Name of School		Preferred Pronouns	

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

Preferences and areas of interest in Volunteering

Youth Volunteers (under age 18) Please check (✓) all positions of interest

Kitchen Assistant Office Reception

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: (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.

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 (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.