



2137 Comox Avenue
Comox, British Columbia, V9M 1P2
Phone: 250-339-5533 Fax: 250-339-5063

Volunteer Application Form

Please Print Clearly!

Name of Applicant: _____
Last Name First Name

Month and Year of Birth _____ Male/Female _____

Street Address: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Emergency Contact: _____
Name Phone Number

Present Occupation: _____

Education: _____

Volunteer Experience: _____

Are you volunteering as a prerequisite for a course? No _____ Yes _____

Required # of Hrs _____ Course Name: _____

Contact at College or School: _____

Where did you learn about Hospice Volunteers?

Acquaintance _____ Media _____ Hospice

Volunteer _____ Other _____

What type of Hospice Volunteer Work are you most interested in?

- Palliative Care _____
- Bereavement Support _____
- Clerical Support _____
- Equipment Support _____
- Project Leader _____
- Project Worker _____

Do you speak any language other than English? _____

Please state your mode of transportation: _____

Please include the names and telephone numbers of two references and two written reference letters.

Please answer the following questions as completely and thoughtfully as you can:

1. Any recent losses?

2. How do you think your best friend would describe you?

3. Describe a time when you turned to someone for help or support?

4. How would the person closest to you react to your involvement with dying or grieving people?

5. What kind of experiences would be most likely to upset while working with dying people?

6. Why have you chosen to do hospice work and why at this particular time in your life?

7. What do you feel are the strengths and weaknesses that you will bring to your volunteer work?

8. What days and hours would you most likely be able to volunteer?

If you decide to become a Hospice Volunteer you must complete a criminal record check.

Thank you for completing this application.

“Volunteers~ The Heart of Hospice”

Please mail or fax this application to the Hospice Office

Or

Leave it at the front desk of St. Joseph’s Hospital in an envelope addressed to the Hospice Society

We will contact you prior to the next training session.