



<b>Availability:</b> When are you available to volunteer? <i>(please check all that apply)</i>							
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							
<b>How Frequently can you volunteer?</b>							
<input type="checkbox"/> More than once a week		<input type="checkbox"/> Once a week		<input type="checkbox"/> Twice a month		<input type="checkbox"/> Once a month	

**Reason for Volunteering**

Why would you like to volunteer for Hospice Huntsville? \_\_\_\_\_

How did you learn about volunteering at Hospice Huntsville? \_\_\_\_\_

**Background Information**

Have you had experience with the terminally ill? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you suffered any bereavement within the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any criminal convictions that have not been pardoned? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Work Experience and Education**

Are you currently involved in or have you had any previous experience of voluntary work?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details.

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where are your currently employed and in what capacity?

Please describe your education, skills and abilities that may be beneficial to our organization.

**Language and Culture**

Do you speak, write or ready in any languages other than English?  Yes  No

Speak: \_\_\_\_\_  Write  Read

Speak: \_\_\_\_\_  Write  Read

What cultures are you familiar with? \_\_\_\_\_  
\_\_\_\_\_

**Driving**

Do you have a valid driver’s license?  Yes  No

Do you have access to a vehicle?  Yes  No

Do you have up-to-date insurance?  Yes  No

**Hobbies and Leisure**

What hobbies and interests do you have? \_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide two references whom we have permission to contact. These should not be relatives and preferably have known you for at least two years (example: co-worker, volunteer associate).

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Relationship: \_\_\_\_\_

*I \_\_\_\_\_ give my permission to a representative of Hospice Huntsville to contact these individuals by telephone.*

I certify that all the statements made on this form are complete, true and correct. I understand that any false information on this application will be cause for termination as a Hospice Huntsville volunteer.

Signature: \_\_\_\_\_

*Personal information on this volunteer application form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within Hospice Huntsville, unless disclosure of such information is compelled by law.*

***Thank you for your interest in volunteering with Hospice Huntsville!***

**FOR 2020 SIGNATURE EVENTS:** Please return this form to Hospice Huntsville 100 Frank Miller Dr., Huntsville ON P1H 1H7 or by e-mail to [tbadger.hospiceh@vianet.ca](mailto:tbadger.hospiceh@vianet.ca)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred communication:  Telephone or  Email Best time of Day to Contact: \_\_\_\_\_

In Case of Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**I'm Interested In: (check below ALL Signature Events volunteer positions that interest you)**

**Committee Work Volunteer**

**Hike for Hospice**

- Committee** (meetings from Dec. 2019 to May 2020)
- Purple Boot Sub-Committee** (March to May 2020)
- Purple Tea** (March 2020)

- On-line Auction Committee** (meetings January to May 2020)

**Swim for Hospice**

- Committee** (meetings from May to August 2020)

**Day-of-Event Only Volunteer**

- Purple Tea** (March 28, 2020)
- Hike for Hospice** (Sunday, May 3, 2020)
- Silent Auction** (August 1- 31, 2020)
- Swim for Hospice** (July 19, 2020)
- Pool Palooza** (October 25, 2020, tentative date)

**Promotional Days Volunteer**

- I would like to help distribute Hospice Huntsville literature promoting Signature Events and answering questions at various locations, on an occasional basis.

Do you have any physical or medical restrictions that may affect your function as a volunteer?	No _____ Yes _____
Do you have any allergies?	No _____ Yes _____
Are you comfortable counting or handling money?	No _____ Yes _____

*Your confidentiality is important to us. Personal information on this volunteer application form is collected and only will be used and retained for the sole purpose as it pertains to volunteer activities within Hospice Huntsville, unless disclosure of such information is compelled by law. Further, by agreeing to volunteer for signature event activities, you authorize Hospice Huntsville the irrevocable right to use or release photographs and/or audio and video footage concerning myself and/or my child(ren) for the purposes of publicizing, advertising, displays, printed materials, websites, including social media sites (such as Facebook, Twitter, etc.), and audio-visual or broadcast materials. The release of such photographs and or video footage shall not be regarded as a breach of confidentiality on the part of Hospice Huntsville and I waive all claims against Hospice Huntsville for compensation or otherwise.*

**Thank you for sharing your time to help make a difference!**

January 2020