



Terrace Regional Hospice Network  
**Volunteer Application Form**

Date: \_\_\_\_\_

**1. Personal Information:**

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

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

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Landline: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_

Do you have any physical restrictions that might affect your volunteer placement? (i.e.; Bad back, hearing or vision concerns, allergies). Please specify:

\_\_\_\_\_

**2. Special Interest / Skills / Experience:**

Do you have a driver's license? \_\_\_\_\_ Is a car available to you? \_\_\_\_\_

Recreational Activities/Hobbies:

\_\_\_\_\_

Languages Spoken:

\_\_\_\_\_

Educational Summary:

\_\_\_\_\_

Work Experience:

Summary \_\_\_\_\_

---

---

Other Interests/Skills

---

---

**3. Volunteer Experience:**

Have you been a volunteer before? \_\_\_\_\_

If yes, give brief details:

---

---

Have you taken prior hospice training? \_\_\_\_\_ Place & Date \_\_\_\_\_

Why do you want to be a hospice volunteer?

---

---

---

---

---

What experiences have you had that make you feel you are suited for this work?

---

---

---

---

Is there any kind of person or situation that you might find difficult to work with? (For example: smoking, pets, hoarding:)

---

---

---

What type of volunteer involvement do you prefer?

<input type="checkbox"/> Support of patients and families near <b>end of life</b>	<input type="checkbox"/> Public relations/publicity
<input type="checkbox"/> Support of patients and families with <b>dementia</b>	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Visiting in the home /Terraceview /hospital	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Bereavement support	<input type="checkbox"/> Reading
<input type="checkbox"/> Talk to someone on the phone	<input type="checkbox"/> Driving (drivers abstract required)
<input type="checkbox"/> Helping at our events	<input type="checkbox"/> Other

Days you are not available M T W T F S S Days preferred M T W T F S S (Please circle)

What limitations do you foresee in your involvement as a volunteer?

---

**4. Referral Source**

How did you hear about the Terrace Hospice Society volunteer program?

---

**5. Background Information:**

Have you had any recent loss in terms of a move, job change, separation or death in the last year?

---

Have you or a close family member had cancer or other terminal illness? Please elaborate.

---



---

Do you have a personal support system? Please elaborate.

---



---

**6. Personal References:**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**7. General Information:**

A commitment of one year (30 hours training, mentoring, teamwork, one-on-one hospice work, in-servicing) is requested from those accepted after training. Candidates will need an annual \$10.00 Membership and a Criminal Record Check as well as a (drivers abstract if applicable.)

All volunteers are subject to a probationary period and ongoing evaluation.

Volunteers will only be assigned when appropriate placement is available.

All client-related information is strictly confidential, and all volunteers must sign a confidentiality agreement.

*Your signature below gives the Hospice staff permission to contact your references and confirms your agreement with the above conditions.*

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

Date: \_\_\_\_\_

\*Please initial here if you are comfortable with being in a photo on social media. \_\_\_\_\_

Thank you for completing this application form. Please email or drop your application off at the Terrace Regional Hospice Network. If we are closed, you can pop it in the drop box in the door. Thank You.

Terrace Regional Hospice Network  
#207 – 4650 Lazelle Ave  
Terrace – V8G 1S6  
[info.ths@terracehospice.org](mailto:info.ths@terracehospice.org)

**To be filled out by staff:**

	Staff initials and date:	Received date and initials
References checked		xxxxxxxxxxxxxxxxxxxxxxxx
CRC Sent		
Abstract request sent		
<b>Date:</b>	<b>Outcome and hours completed: (30 total)</b>	