

**HURON HOSPICE VOLUNTEER SERVICE
CLINTON – GODERICH – SEAFORTH - WINGHAM**

**CLINICAL VOLUNTEER APPLICATION FORM
CONFIDENTIAL**

Name: _____ Address: _____
Phone: _____
Fax: _____ E-Mail: _____
In Case of Emergency Contact:
Name: _____ Phone: _____ Relationship: _____
<input type="checkbox"/> Volunteer Positions and Preferences
In what area would you prefer to volunteer?
<input type="checkbox"/> Client Support <input type="checkbox"/> Administrative Support <input type="checkbox"/> Development and Fundraising
<input type="checkbox"/> Reason for Volunteering
Why would you like to volunteer for Huron Hospice Volunteer Service? _____ _____
How did you learn about Volunteering at Huron Hospice Volunteer Service? _____ _____
<input type="checkbox"/> Work Experience and Education
Do you have volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where are you currently employed and in what capacity. _____ _____
Please describe your education, skills and abilities that may be beneficial to our organization. _____ _____
<input type="checkbox"/> Language and Culture
Do you speak, write or read in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Speak: _____ <input type="checkbox"/> Write <input type="checkbox"/> Read
Speak: _____ <input type="checkbox"/> Write <input type="checkbox"/> Read
Speak: _____ <input type="checkbox"/> Write <input type="checkbox"/> Read
What cultures are you familiar with? _____ _____

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Background information

Have you had experience with the terminally ill? Yes No

Have you had a person close to you die 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 communicable diseases? Yes No

Do you have any allergies? Yes No

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

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 coverage? Yes No

Hobbies and Leisure

What hobbies and interests do you have? _____

Do you have any pets? Yes No

If yes what kind and how many? _____

Do you smoke? Yes No

Does smoke bother you? Yes No

Availability

What is your availability?		Mon	Tue	Wed	Thurs	Fri	Sat	Sun
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"/>

References

Please provide two references other than family.

1. Name: _____ Phone: _____
Nature of relationship: _____

2. Name: _____ Phone: _____
Nature of relationship: _____

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Signature: _____ Date: _____

Please Return To:
Huron Hospice Volunteer Service
98 Shipley Street, Clinton, Ontario
N0M 1L0
Phone: 519-482-3440 Ext. 6300