



Huron Hospice – General Volunteer Application

Please submit by email in confidence to Manager of Volunteers, Deb Shelley at deb.shelley@huronhospice.ca or by mail to Huron Hospice, c/o 98 Shipley St. Clinton ON N0M 1L0. Thank you for your interest in the Huron Hospice.

Last Name: _____ **First Name:** _____

Address: _____

Town: _____ **Postal Code:** _____

Home Phone Number: _____ **Alternate Phone Number:** _____

Email: _____

Primary Contact Method (please select one): Email / Postal Mail / Home Phone / Alternate Phone

What has motivated you to volunteer with Huron Hospice at this time?

Do you have volunteer experience? Yes No If yes, where _____

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

Preferences

What type of volunteer role are you interested in? (Select as many as you like)

- | | |
|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Complementary Therapies |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Resident Support |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Kitchen (Food Preparation/Cook) |
| <input type="checkbox"/> Community Volunteer visiting | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Gardening & Grounds keeping |
| <input type="checkbox"/> High School Student (40 hours) | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Administrative Support | |

Admin Office: 98 Shipley St, Clinton, ON, N0M 1L0 519-482-3440 x6300

Residence: 37857 Huron Rd, Clinton, ON, N0M 1L0 519-606-6600

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What languages other than English do you write and/or speak? _____

Do you have any of the certificates or special training?

H.P.C.O./Fundamentals of Palliative Care: yes/no Date _____

Food Handler's Certificate: yes/no Date _____

Palliative Training from another organization: yes/no Date _____

Other (please provide detail and date received): _____

Do you have or are you willing to provide a recent vulnerable person police check as part of the required screening process at time of interview? ____ Yes ____ No

In Case of an Emergency - Primary contact

Name: _____

Relationship: _____

Phone number: _____

Personal References:

These individuals must be over 20 years of age, should have known you for more than 2 years and may not be a partner, spouse or family member.

Name _____ Name _____

Relationship _____ Relationship _____

Telephone _____ Telephone _____

Email _____ Email _____

I, _____ give my permission to the Volunteer Manager to contact the above references in regards to my application. I further confirm that the above information is true to the best of my knowledge. I understand that any information collected by Huron Hospice will be kept confidential and will not be passed on to any person or agency without my expressed permission.

Signature: _____ Date: _____

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