



**The Carpenter Hospice**

**VOLUNTEER INFORMATION SHEET**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER/SCHOOL \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

What is your preferred method for contact? \_\_\_\_\_

How did you hear about volunteer work with our hospice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience with hospice palliative care/palliative care, grief & bereavement.

---

---

---

---

Please tell us about your special interests, skills, and hobbies:

---

---

---

Languages spoken:

---

---

**What educational and/or professional training have you completed?**

<u>Position</u>	<u>Place</u>	<u>Year</u>

**Employment History:**

<u>Position</u>	<u>Place</u>	<u>Year</u>

**Volunteer History:**

<u>Position</u>	<u>Place</u>	<u>Year</u>

**Please check your area(s) of interest:**

**Reception Team: \_\_\_\_\_**

- Greeting of residents, families and visitors to the Hospice
- Answering of telephone
- Providing general information to our residents, visitors, guests, and callers
- Guiding individuals to staff, families and residents

**Administrative Team: \_\_\_\_\_**

- Telephone work
- Assisting with mail outs
- Photocopying
- Data Entry
- Lending support to publicize our activities and events

**Resident Care Team: \_\_\_\_\_**

- Assisting the Resident Care Staff in the delivery of personal care to our residents
- Supporting family members and friends of our residents
- Companionship residents

**Kitchen Team: \_\_\_\_\_**

- Menu planning and preparation of light meals, snacks, and refreshments
- Grocery shopping for our residents
- Organizing and tidying of our kitchen area

**Property & Building Maintenance Team:**

- Waste disposal and recycling
- Handy man types of repair work
- Donated expertise of various trades
- Project work

**Housekeeping Team: \_\_\_\_\_**

- Light housekeeping to keep our home tidy & aesthetically pleasing; involves cleaning of the common areas

**Gardening Team: \_\_\_\_\_**

- Maintaining the garden beds surrounding the Hospice
- Sweeping of walkways
- Cleaning of outdoor furniture

**Fundraising Team: \_\_\_\_\_**

- Acquisitions
- Committee work
- Assigned roles event day

***The Carpenter Hospice is a special home with a variety of needs. Some volunteer positions will require a long-term commitment.***

**How long do you expect to be able to volunteer?**

**3-6 months \_\_\_      6-12 months \_\_\_      over 1 year \_\_\_      Unknown \_\_\_**

**Which is most convenient for you?**

**Weekdays \_\_\_      Weekends \_\_\_      Daytime \_\_\_      Evenings \_\_\_**

***Please read the following carefully. If you have any questions contact Maggie Pagotto. You are welcome to contact Maggie by calling The Carpenter Hospice: (905) 631-9994 ext 20, by e-mail: [maggie@thecarpenterhospice.com](mailto:maggie@thecarpenterhospice.com): or by fax: (905) 631-6823.***

***“I agree to take part in The Carpenter Hospice Orientation, as well as any required and necessary training to enhance and support my volunteer position. I am aware that I will be required to sign an agreement to remain confidential. I am also aware that I will be responsible for supplying The Carpenter Hospice with a successful criminal reference check.”***

**DATE: \_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_**

---