



Carpenter Hospice

Volunteer Application

CONTACT INFORMATION	
Last Name:	First Name:
Street Address:	City:
Province:	Postal Code:
Home Phone Number:	Mobile Phone Number:
Email Address:	
Spoken Languages:	
Preferred method of contact: <input type="checkbox"/> home phone <input type="checkbox"/> mobile phone <input type="checkbox"/> email	
EMERGENCY CONTACT INFORMATION	
Name:	Relationship:
Primary Phone Number:	Alternative Phone Number:
GENERAL INFORMATION	
How did you hear about the Volunteer Program at Carpenter Hospice?	
Why would you like to volunteer in a palliative care setting?	
Have you experienced the loss of someone close to you in the past 2 years? If yes, please advise the date.	

VOLUNTEER EXPERIENCE
EMPLOYMENT HISTORY
EDUCATIONAL BACKGROUND
GENERAL INTERESTS

I have read and understand the above document. I acknowledge that all the information provided on this application is true, and I give permission for Carpenter Hospice to verify any information they deem necessary.

I agree to take part in Carpenter Hospice orientation and mandatory 30 hour Palliative Care Training Course, as well as any required role specific training to enhance and support my volunteer position.

I recognize I will need to provide a current clean vulnerable sector police check at my own expense and two references, once the interview process is complete. References from employers and other volunteer opportunities are preferred. References cannot be provided by family members of the applicant.

Signature of Applicant:	Date:
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Completed volunteer applications can be submitted via email or dropped off in-person to the Reception Desk at Carpenter Hospice (2250 Parkway Drive, Burlington, ON L7P 1T1)

For additional information about the Volunteer Program at Carpenter Hospice, please contact
Stephanie Bruck, Coordinator of Volunteers
Phone: 905.631.9994 ext. 120 Email: volunteer@thecarpenterhospice.com

Thank you for your interest in volunteering at Carpenter Hospice