



Carpenter Hospice

Volunteer Application

CONTACT INFORMATION	
Last Name:	First Name:
Street Address:	City:
Province:	Postal Code:
Home Phone Number:	Mobile Phone Number:
Email Address:	
Languages Spoken/Written:	
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
VOLUNTEER INTEREST AREAS (Check all that apply):
<ul style="list-style-type: none"><input type="checkbox"/> Reception/Screening Desk<input type="checkbox"/> Kitchen (<i>Meal Prep, Grocery Shopping, Menu Planning</i>)<input type="checkbox"/> Resident Care<input type="checkbox"/> Flower Arranging<input type="checkbox"/> Gardening<input type="checkbox"/> Administrative<input type="checkbox"/> Bereavement Support (<i>non-counselling role, administrative support to bereavement work</i>)<input type="checkbox"/> Building and Grounds Maintenance<input type="checkbox"/> Wellness Programming<input type="checkbox"/> Events<input type="checkbox"/> Community Relations<input type="checkbox"/> Social Media<input type="checkbox"/> Waste Management<input type="checkbox"/> Complementary Therapy (<i>Reiki, RMT, Osteopathy</i>)
<p>Please share briefly why you are interested in the role(s) you indicated and what you hope to gain from your experience:</p>

Please check your general availability for volunteering (Check all that apply). *We recognize that availability may change dependent on your own circumstances. Times below are approximations of current shifts but these change somewhat based on the role.*

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9a.m.-1 pm.							
Afternoon 1p.m.-5 p.m.							
Evening 5p.m.-8 p.m.							

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.

I understand that all volunteers must be double vaccinated and provide proof of vaccination prior to their first shift.

Signature of Applicant:	Date:
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Completed volunteer applications can be submitted via email (mcassidy@thecarpenterhospice.com) 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 **Michelle Cassidy, Manager of Community Programs**
 Phone: 905.631.9994 ext. 120 Email: mcassidy@thecarpenterhospice.com

Thank you for your interest in volunteering at Carpenter Hospice