



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):

- Reception Desk** (*Admit and greet guests, answer phone and transfer calls*)
- Kitchen** (*Meal prep, menu planning, baking, kitchen clean-up*)
- Kitchen** (*grocery pick-up, delivery, storage*)
- Resident Care** (*support in **physical** care to residents, assist PSW's / nurses in preparation for personal care of residents, take meal orders from residents; deliver meals to residents, willingness help with meal prep, laundry*)
- Flower Arranging (Indoors)** (*create arrangements, maintain appearance of arrangements throughout the building, clean up of utilized area, no prior experience necessary*)
- Gardening (Outdoors)**
- Administrative Support** (*computer data entry, filing, organizing, other office duties*)
- Bereavement Support** (*non-counselling role, administrative support to bereavement work*)
- Building and Grounds Maintenance**
- Wellness Programming** (*set-up/clean-up for socials, Yoga; Exercise program - helping participants with the exercises, leading specific activities you specialize in*)
- Fundraising Events** (*for events such as Hike, Gala, Third-party event donation booth, etc.*)
- Waste Management** (*recycling and waste management on appropriate mornings/evenings for city pick-up; cleaning out waste bins*)
- Complementary Therapy** (*Reiki, RMT, Osteopathy*)

Please share briefly why you are interested in the role(s) you indicated and what you hope to gain from your experience:

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 do change somewhat based on the role.*

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteers with The Carpenter Hospice use a computer software program to schedule their own shifts. It is a user-friendly system and very little is required on your part to help keep this form of communication consistent among all volunteers and staff.

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 to volunteer@thecarpenterhospice.com or dropped off in-person to the Carpenter Hospice Reception Desk at 2250 Parkway Drive, Burlington. For additional information about the Volunteer Program at Carpenter Hospice, please call Carpenter Hospice: 905.631.9994 and leave a message for our Manager, Volunteer Services at ext. 123 or Email: volunteer@thecarpenterhospice.com

Thank you for your interest in volunteering at Carpenter Hospice.