

**Schreiber/Terrace Bay Office:**  
Phone: 807-824-2934, Ext. # 223  
C/o North Shore Family Health Team  
Mary Lynn, HNP Coordinator  
Box 760, 415 Scotia Street  
Schreiber, ON P0T 2S0  
Email: [hospice.nsfht@yahoo.com](mailto:hospice.nsfht@yahoo.com)



## 2019 VOLUNTEER APPLICATION FORM

Deadline for submission: Sept 10, 2019

*“No journey in life is more difficult than the path followed by those suffering a life-threatening illness.”*

*The Hospice Association of Ontario*

Our volunteers come from a variety of backgrounds. What they all share is the experience of losing a loved one. Each is carefully screened to ensure that he/she possesses sensitivity, compassion, excellent communication skills and a desire to be of service to others. All volunteers complete an intensive 36 hour training program conducted by community professionals with a wide variety of skills and expertise.

Hospice Northwest is a member of The Canadian Palliative Care Association and Hospice Palliative Care Ontario. Hospice Northwest is a not-for-profit organization that is partially funded through the Local Health Integration Network and the United Way of Thunder Bay.

*A Criminal Records Check will be requested prior to placement with a Hospice Northwest Client.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Are you 18 years of age or older ? Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Language(s) : Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Employment Status: Full Time \_\_\_\_, Part Time \_\_\_\_, Seeking Employment \_\_\_\_, Retired \_\_\_\_, Student \_\_\_\_

What are your hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

### REASONS FOR VOLUNTEERING

How did you hear that Hospice Northwest is seeking volunteers? \_\_\_\_\_

What prompted your interest in hospice/palliative care and why does it appeal to you?

\_\_\_\_\_

Please list specific skills or interests that may be relevant to this particular type of volunteer experience i.e. complementary therapy, nursing training, social work etc.

\_\_\_\_\_

\_\_\_\_\_

What has motivated you to seek volunteer work? giving back \_\_, personal interest \_\_, believe in cause \_\_, community involvement \_\_, to influence policy-makers \_\_, to build resume \_\_, you have time to give \_\_, gain knowledge/ skills \_\_, ability to contribute \_\_, to build relationships \_\_.

## SUITABILITY FOR POSITION

How many hours/week are you able to commit to your Hospice Northwest volunteer work? \_\_\_\_\_

What assets or qualities will you bring to Hospice Northwest? \_\_\_\_\_  
\_\_\_\_\_

Please check off which areas you may be interested in volunteering: visiting clients in their home \_\_\_\_, in hospital \_\_\_\_, in long-term care facilities \_\_\_\_, Circle of Friends Support Program \_\_\_\_, Grief/Bereavement Program \_\_\_\_, admin support \_\_\_\_, public awareness \_\_\_\_, other \_\_\_\_

Have you ever experienced the death of a family member or close friend? \_\_\_\_\_

## VOLUNTEER COMMUNITY EXPERIENCE

Have you been involved with other community/volunteer organizations/establishments?

Name: \_\_\_\_\_ When: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_ When: \_\_\_\_\_

Position: \_\_\_\_\_

## REFERENCES

Two written references must be provided for each applicant. References should include people who have known you for a minimum of two years. Tear off the reference forms on the next page and give to your references for them to complete. They should be returned to you in a sealed envelope. Please forward them, along with your completed application form to:

Mary Lynn Dingwell, District Program Coordinator  
Hospice Northwest District Program  
c/o North Shore Family Health Team Corp.  
415 Scotia St., Box 760  
Schreiber, ON P0T 2S0  
Phone: 807-824-2934 ext. 230  
Email: [hospice.nsfht@yahoo.com](mailto:hospice.nsfht@yahoo.com)  
Website: [www.northshorefamilyhealthteam.ca](http://www.northshorefamilyhealthteam.ca)

*Personal information on this form is collected and will only be used to maintain a record of an individual as it pertains to volunteer activities within our agency, unless disclosure of such information is compelled by law. Hospice Northwest policies and procedures comply with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Ontario Human Rights Code and the Canadian Human Rights Act. These policies and procedures are posted on our website at [www.hospicenorthwest.ca](http://www.hospicenorthwest.ca). If you wish to have a copy mailed to you or if you have any questions or concerns, please contact Cherie Kok, Executive Director, Hospice Northwest at 626-5570.*

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Applicant's Signature

Date

**2018 HOSPICE NORTHWEST VOLUNTEER REFERENCE FORM**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Name of Reference Address of Reference  
\_\_\_\_\_  
Phone Number(s) of Reference: \_\_\_\_\_ Signature of Reference: \_\_\_\_\_

Circle the appropriate answer(s) below. Note: Scale Rating - 5 signifies the highest rating.

1. **Availability of Time:** In your opinion, does the person have enough time to assume a significant volunteer responsibility? Yes \_\_\_ No \_\_\_
2. **Reliability:** On a scale of 1 to 5, rate the applicant's reliability: 1 2 3 4 5
3. **Listening Skills:** Please rate the applicant's listening skills: 1 2 3 4 5
4. **Discretion:** Please rate the applicant's respect for the confidentiality involved with sensitive matters: 1 2 3 4 5
5. **Coping:** Please rate the applicant's ability to cope with stress 1 2 3 4 5
6. Please rate the following characteristics on a scale of 1 to 5: (5 is the highest rating)
 

Compassion	1	2	3	4	5
Honesty	1	2	3	4	5
Sincerity	1	2	3	4	5
7. How long have you known the applicant? \_\_\_\_\_ years
8. In what capacity have you known the applicant? (ie. friend, co-worker, etc).

*NOTE: For confidentiality reasons, please seal this form in an envelope after completion and return it to the applicant. You may be called again to corroborate the above information.*

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**2018 HOSPICE NORTHWEST VOLUNTEER REFERENCE FORM**

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\_\_\_\_\_  
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Phone Number(s) of Reference: \_\_\_\_\_ Signature of Reference: \_\_\_\_\_

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