

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



VOLUNTEER APPLICATION FORM

“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. 223
Email: hospice.nsfht@yahoo.com
Website: 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. 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.

Applicant's Signature

Date

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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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.

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