

# Volunteer Application Form

## CONFIDENTIAL

Please complete all applicable sections of this form and return to the address above.

Please Note: Completion of this application does not guarantee your acceptance into The Bridge Hospice (TBH) Volunteer Program.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First name
Last name

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LANGUAGES SPOKEN:  English  French  Other: \_\_\_\_\_

**VOLUNTEER INTERESTS:** Please check all opportunities that may interest you.

Administration/Office Support  Special Events  Resident Care  Gardening

Property Maintenance  Fundraising  Complementary Therapy\*<sup>(Please complete pg 3)</sup>

Other: \_\_\_\_\_

**RELATED SKILLSETS/EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS HOSPICE EDUCATION/TRAINING:**

If you have attended hospice education or training in the past, please attach a copy of any certification provided.

**PREVIOUS VOLUNTEER EXPERIENCE:**

Organization	Year(s) Involved	Duties/Responsibilities

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By submitting this application, I, \_\_\_\_\_ hereby certify that all information included in this application is accurate and complete and I understand that:

- I am applying for a volunteer position for which there is no monetary compensation;
- My application will be kept confidential, and will remain part of TBH’s permanent volunteer file;
- The information I have provided will be used to assist TBH in the volunteer screening process.

If I am accepted as a volunteer with TBH, I am agreeing to:

- Attend TBH orientation session(s) and complete educational requirements respective to my volunteer role;
- Sign and adhere to the Confidentiality and Information Access Agreement of TBH;
- Abide by the policies and procedures of TBH;
- Provide TBH with a successful Vulnerable Sector Check;
- Maintain a commitment as applicable for my volunteer role.

**APPLICANT SIGNATURE:** \_\_\_\_\_

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*PLEASE NOTE: We request that applicants under the age of 18 provide proof of parental consent:*

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print in full)

Parent/Guardian Contact Information: \_\_\_\_\_  
(Please provide phone number or email address if different from applicant’s.)

***Thank you for your interest in The Bridge Hospice!***