



A HOME • A BRIDGE • A JOURNEY
Care and compassion at end of life.

137 Old Hastings Rd
Box 354

Warkworth, ON, K0K 1L0
info@thebridgehospice.com

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 Complimentary Therapy ^{*(Please complete page 3)}

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

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: _____

PLEASE NOTE: We request that applicants under the age of 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 applicants')

Thank you for your interest in The Bridge Hospice!

