

Volunteer Application Form

Please complete all applicable sections of this form. This form will remain on file at The Bridge Hospice. All volunteer information and files are kept confidential and are only available to authorized hospice employees who have signed a Confidentiality and Information Access Agreement.

Please note: Not all applicants are guaranteed acceptance into The Bridge Hospice Volunteer Program.

Date: _____

Please introduce yourself and let us get to know you better.

Mr Mrs Ms _____
(Please circle one) First Name Last Name

Mailing Address: _____

RR # or Box: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we contact you at work? ___ Yes ___ No

Email: _____

Note: Email is the primary means of communication with our volunteers. If you do not have an email address, we will communicate with you via Canada Post, or when the need is urgent, by telephone.

Are you between the ages of 13 and 17 years of age? Yes No

If "yes", do you have parental consent?: Yes No

Do you speak any languages other than English? Yes No

If "yes", please describe: _____

Do you have any physical or medical limitations (e.g., lifting, pushing wheelchairs /beds) that may affect your function / safety as a volunteer?

Yes No

If "yes", please describe: _____

Occupation (if applicable): _____

What type of volunteer role are you interested in?

- | | |
|---|--|
| <input type="checkbox"/> Resident Care | <input type="checkbox"/> Administrative/Office Support |
| <input type="checkbox"/> Housekeeping (general) | <input type="checkbox"/> Housekeeping (resident area of hospice) |
| <input type="checkbox"/> Events | <input type="checkbox"/> Gardening |

Other (please describe):

Certification

Have you previously attended hospice education? Yes No

If "yes", a copy of your certificate is required for our files.

Volunteer Information

Previous Volunteer Experience

| Organization | Duties/Responsibilities | When Involved |
|--------------|-------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

For Complementary Therapy Volunteer Applicants only

Complementary Therapy Speciality: _____

School: _____ Course Level: _____

Year of Completion: _____

How long have you been practising this form of complementary therapy? _____

Do you practise as part of a business? Yes No

Do you have liability insurance related to your practice of this therapy? Yes No

If "yes", please specify the carrier and terms: _____

Affiliations with organizations that are regulating and/or associations representing this complementary therapy:

Please enclose with this application form, or remit at your earliest convenience, copies of the following documentation:

- Certificate of education
- Membership with colleges/associations
- Proof of insurance coverage (If applicable)

All applicants – please review and sign next page.

This is an application to volunteer with The Bridge Hospice, for which there is no monetary compensation.

I understand the information provided in this application:

- is part of the permanent volunteer file at TBH;
- is kept confidential in secure storage and only available to authorized Hospice employees; and
- will be used to assist The Bridge Hospice in completing the volunteer screening process.

I also understand that if I am accepted as a volunteer with The Bridge Hospice, I am agreeing to:

- attend The Bridge Hospice orientation session;
- fulfill the education requirements respective to the volunteer role;
- a commitment as applicable for the volunteer role; and
- abide by the policies and procedures of TBH.

I am aware that I will be required to sign a Confidentiality and Information Access Agreement.

I am aware that I will be responsible for providing The Bridge Hospice with a successful Vulnerable Sector Check.

I hereby certify that all the information included in this application form is accurate and complete.

Signature

Date

Thank you for your interest in The Bridge Hospice!