Peace Arch Hospice Society
VOLUNTEER APPLICATION

Peace Arch Hospice Society
...a special kind of caring

Date: _____

Applicants Name:
_____
First Name   (please print)   *Last Name*

Address: _____**City:** _____ **Postal Code:** _____

Home Phone: (   ) _____ **Cell Phone:** (   ) _____

Email Address: _____

May we send information to you via email? Yes   /   No

Languages Spoken: _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone Number: (   ) _____

How did you hear about the Peace Arch Hospice Society?

Newspaper/Media   Pamphlet   Friend   Website   Other: _____
                    (Please circle)   *(Please describe)*

☐ **Are you currently a College or University student?**

_____
Name of school   *Area of study*

☐ **Are you currently employed?**

_____
Employer   *Title/Position*

Volunteer Experience:

_____

_____

_____

Please share some information regarding your employment history. *(Include occupation and organizations.)*

_____

_____

_____

_____

_____

_____

Why are you interested in volunteering for the Peace Arch Hospice Society?

_____

_____

_____

_____

_____

What is your understanding of hospice?

_____

_____

_____

_____

_____

Have you recently experienced a loss through death? If so, please describe below.

_____

_____

_____

_____

_____

Describe your personal experiences with grief and your feelings about the grieving process, (even if the loss does not involve a death e.g.: divorce, loss of job, move).

_____

_____

_____

_____

_____

What skills and characteristics do you feel you can incorporate into your hospice volunteer work?

_____

_____

_____

_____

_____

What do you hope to personally gain from this volunteer experience?

_____

_____

_____

_____

_____

It is important to have good emotional support in our lives. What are the sources of emotional support for you?

_____

_____

_____

_____

_____

Please provide us with 1 professional and 1 personal reference

Name: _____ Relationship _____

Phone: (   ) _____ Email_____

Cell #   (   ) _____

Name: _____ Relationship _____

Phone: (   ) _____ Email_____

Cell #   (   ) _____

I give my permission to contact the references.

Signature: _____ Date: _____

Date Reviewed Application: _____

COV Signature: _____

Thank you for your interest in the Peace Arch Hospice Society
If we have not contacted you we will keep your application on file for 90 days.

Please note that collection of your information will remain confidential in accordance
with the British Columbia Personal Information Privacy Act.

☐   Reference Check complete
☐   Criminal Record Check
      Complete
☐   Data Input IME
☐   Constant Contacts
☐   COV Outlook
      For Office Use Only