

Peace Arch Hospice Society  
**VOLUNTEER APPLICATION FORM**



*Our Vision: Creating a caring community that values quality living and dying*

**(Please print)**

**Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
*(Insurance Purpose)*

**Applicants Name:** \_\_\_\_\_  
*First Name Last Name*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email Address:** *(required for us to regularly communicate to you)*

\_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**How did you hear about the Peace Arch Hospice Society?**

*Newspaper/Media*    *Brochure*    *Friend*    *Website*    *Other:* \_\_\_\_\_

**Are you currently employed or going to High School/College/University?**

\_\_\_\_\_  
*Name of work/school*

\_\_\_\_\_  
*Title/Position /Area of study*

**Volunteer Experience:**

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**Please share some information regarding your employment history.**

*(Include occupation and organizations or attach your resume)*

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

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**What is your understanding of hospice?**

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

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**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).**

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

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

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

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**Please provide us with 1 professional and 1 personal reference.**

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

I give my permission to contact the references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check all the areas you're interested in volunteering:

**Auxiliary (no training required)**

- Bake  Events/Fundraising  Wellness Fair  Light Office/Kitchen Organization  
 Yard Work/Gardening

**Client Volunteer (Level 1 Basic Palliative & Bereavement Support Training required)**

- Reception  Hospice Residence Visitation  Pet Visitation  Hospice Residence Tea Service  
 Vigil Sitting  Vigil Organizer  Relaxation-Palliative  Palliative 1-1 Community

**Client Volunteer (Level 2 Advanced Palliative & Bereavement Support Training required)**

- Emergency  Bereavement 1-1  Relaxation-Bereavement  Bereavement Walking Group

**Client Volunteer (Level 3 Group Facilitation Training required)**

- Children's Grief Support  Good Grief Training for Teens  Cycle of Life Team  
 Bereavement and/or Palliative Relaxation Group  Bereavement Group  
 Bereavement Walking Group Lead  Cooking Together Team

Please drop off or mail the completed application to Peace Arch Hospice Society, 15435 – 16a Avenue, Surrey, BC V4A 1T2 or email to COV@peacearchhospice.org

*Student Applicants must be over 19 years of age to volunteer for certain programs.*

*Thank you for your interest to volunteer for Peace Arch Hospice Society. Your application will be kept 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. All volunteers are required to complete a Police Record Check. Training requirement may change, refer to Coordinator for full guideline. Updated July 2019*