

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:

Please share some information regarding your employment history.

(Include occupation and organizations or attach your resume)

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: _____

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 Hike for Hospice Celebrate a Life Special Events

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@pahospicesociety.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