



Volunteer Application Form

Name *		
Prefix	First Name	Last Name

Address *		
Street Address		Unit #
City	Province	Postal Code

Contact Information *	
Home Phone	Cell Phone
Work Phone	Other Phone
Email	

Preferred Method of Communication *

- Home Phone Cell Phone Email
 Work Phone Other Phone Other: _____

Emergency Contact Information *	
First Name	Last Name
Phone Number	

Are you a past or current volunteer with the Nipissing Serenity Hospice? *

- Yes No

Why would you like to volunteer with the Nipissing Serenity Hospice? What has inspired or motivated you to do so?

When are you available to volunteer? (Shifts are available for morning, afternoon, and evening. E.g., Monday morning, Wednesday afternoon, Saturday afternoon & evening)

How frequently are you available to volunteer?

- More than once a week
- Once every two weeks
- Occasionally
- Once per week
- Once per month

Volunteer Positions & Preferences

Please select as many as you wish. *

- Front Desk Reception
- Resident & Family Support
- Kitchen/Culinary
- Other (please specify): _____
- Gardening/Landscaping
- Fundraising & Special Events
- No preference – I will help where needed

If you selected Kitchen/Culinary, do you have a Safe Food Handler's Certificate?

- Yes
- No

Safe Food Handling Certification Date: _____

If you selected Kitchen/Culinary and do not have a current Safe Food Handler's Certificate, are you willing to obtain one? Yes No

If you selected Resident & Family Support, have you completed the HPCO Training Program?
 Yes No

HPCO Training Completion Date: _____

If you selected Resident & Family Support, have you completed Palliative Training from another organization? Yes No

If you selected yes, please specify which organizations/courses/completion dates.

Please list any special skills that you would be willing to share with our residents and their families (e.g., music therapy, complementary therapies, grief & bereavement support, etc.)

Personal & Work Experience

Provide details of any relevant education/training.

Provide details of any previous volunteer experience.

Languages spoken other than English: _____

What hobbies and interests do you have?

Background Information

Provide details of any experience with the terminally ill.

Do you have any criminal convictions for which a pardon has not been granted? *

Yes

No

Are you willing to provide a recent Vulnerable Sector Police Record Check? *

Yes

No

Have you been fully vaccinated against COVID-19 (min. 2 shots)? *

Yes

No

References

Please provide one personal and one professional reference. These individuals must over 20 years of age, have known you for 2 years or more, and may not be a family member.

Reference 1	
First Name	Last Name
Phone Number	Relationship

Reference 2	
First Name	Last Name
Phone Number	Relationship

Thank you for your interest in becoming a volunteer with Nipissing Serenity Hospice! We appreciate the time you have put into completing this application and will be in touch with you soon.