

VOLUNTEER APPLICATION FORM



Durham
Hospice
Services

SECTION 1: GENERAL INFORMATION

First Name: **Last Name:**

Gender: Male Female Non-Binary Transgender Male/Transman/FTM
 Transgender Female/Transwoman/MTF Decline to Answer

Pronouns:

Contact Information

Address: **Apt #:**

City/Town: **Province:** **Postal Code:**

Home Phone: **Email:**

Cell Phone:

Work Phone (optional):

Emergency Contact Information

First & Last Name: **Relation:**

Home Phone:

Cell Phone:

SECTION 2: VOLUNTEER ASSESSMENT

Please put an 'x' in the volunteer opportunities you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> Palliative Care Volunteer | <input type="checkbox"/> Administrative Support Volunteer |
| <input type="checkbox"/> <i>Individuals with Life-Limiting Illness</i> | <input type="checkbox"/> Fundraising Initiatives, Events and Community Awareness Volunteer |
| <input type="checkbox"/> <i>Caregivers</i> | <input type="checkbox"/> Community Corporation Board Volunteer |
| <input type="checkbox"/> Grief and Bereavement Volunteer | |
| <input type="checkbox"/> <i>Adults</i> | |
| <input type="checkbox"/> <i>Children and Teens</i> | |

Employment and Volunteer History (*information used when matching with a client*)

Current Occupation: Employer:

Previous Employment:

Volunteer Experience:

Relevant Training/Experience:

Volunteer Interest

Where did you first hear about Volunteering with VON Durham?

What appeals to you about volunteering with VON Durham

What goals do you have for this experience?

Do you have a geographic preference for where you volunteer in Durham?

Yes

No

If yes, please indicate where:

What are your availabilities? (e.g. Mon 9am to 1pm)

Transportation (optional)

If you have access to a vehicle, are you willing to drive a client?

Yes

No

If yes, a copy of your Driver's License and up-to-date insurance coverage will be required

Health & Safety

Do you have any health concerns that might affect your ability to perform a volunteer role at VON Durham? (e.g. allergies, physical considerations)

As leaders of organizations providing government funded home care in Ontario, we have made the decision to make COVID-19 vaccination mandatory for all of our team members. As an integral part of the continuum of care for our clients, we are proud to join our partners across the health system in taking this important step toward ending this pandemic. For more information on VON's vaccination policy, please email vondurhamsite@von.ca or call 905-240-4522.

SECTION 3: CHARACTER REFERENCES & POLICE RECORDS CHECK

To ensure the safety of our clients VON carefully screens all volunteer applicants. As part of this process, you are required to provide two character references. If you are accepted for a volunteer opportunity, the volunteer coordinator will provide guidance in next steps to obtain a vulnerable sector check.

Name of reference #1:

Organization/Title:
(if applicable)

Phone Number:

Email:

Name of reference #2:

Organization/Title:
(if applicable)

Phone Number:

Email:

SECTION 4: AUTHORIZATION

The information provided through the volunteer application and approval process is confidential and will be used only for the administration of your application and resulting volunteer work with VON Durham. Your completion and signature of this application form authorizes VON Durham to contact your references.

Signature of Applicant

Date

Thank you for your interest in VON Durham Hospice Services Volunteer Program. We will contact you in the near future and look forward to meeting you.

Bring completed form to: 1615 Dundas Street E, Lang Tower West Building,
Suite 304, Whitby ON L1N 2L1

or

Send via email to: vondurhamsite@von.ca