# VOLUNTEER APPLICATION FORM

Durham Hospice Services

## SECTION 1: GENERAL INFORMATION

***To volunteer with VON Durham Hospice Services you must be 18 years or older.***

**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:

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First & Last Name: Relation:

Home Phone: Cell Phone:

## SECTION 2: VOLUNTEER ASSESSMENT

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

- ☐ Palliative Care Volunteer
  - ☐ *Individuals with Life-Limiting Illness*
  - ☐ *Caregivers*
- ☐ Grief and Bereavement Volunteer*
  - ☐ *Adults*
  - ☐ *Children and Teens*
- ☐ Administrative Support Volunteer
- ☐ Fundraising Initiatives, Events and Community Awareness Volunteer
- ☐ Community Corporation Board Volunteer
- ☐ Marigold Hospice Residence (*Clarington*)
- ☐ Roger Anderson House Hospice Residence (*Whitby*)

***Our Grief and Bereavement program uses a peer-support model, which requires that volunteers supporting this program must have experienced a significant loss.***

**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 Hospice Services?

What appeals to you about volunteering with VON Durham Hospice Services?

What goals do you have for this experience?

## SECTION 2: VOLUNTEER ASSESSMENT CONT'D

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, do you have a vehicle, valid insurance and a clean drivers abstract? ☐ 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)

## 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. (*For more information: https://von.ca/en/privacy*)

Signature of Applicant

Date

*Thank you for you 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