



What do you hope to get from your volunteer experience at North Perth Community Hospice?

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**Language and Culture**

Do you speak, write or read in any languages other than English?

Speak: \_\_\_\_\_

Speak: \_\_\_\_\_

Yes

Write

Write

No

Read

Read

What Cultures are you familiar with?

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**Reason for Volunteering**

Where did you hear about North Perth Community Hospice?

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Why would you like to volunteer for North Perth Community Hospice?

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**Background information**

Have you had experience with the terminally ill?

Have you had a person close to you die within the last year?

Yes

Yes

No

No

Briefly explain the significance of the loss:

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Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer?

Do you have any allergies?

Yes

Yes

No

No

What do you feel are your greatest strengths?

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Briefly describe your personal support system?

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How would you handle situations where your views and opinions differ from those in authority?

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Describe an experience where your views and opinions differed from those with a cultural, religious and/or educational background that differs from you?

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### Driving

- Do you have a valid driver's license?  Yes  No
- Do you have access to a vehicle?  Yes  No
- Do you have up to date insurance coverage?  Yes  No
- Do you have the minimum required insurance that includes 3<sup>rd</sup> party liability\*  Yes  No
- Are you willing to provide transportation to clients as part of your volunteering?  Yes  No

### Hobbies and Leisure

What hobbies and interests do you have?

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- Do you have any pets?  Yes  No
- If YES, what kind and how many?

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- Do you smoke?  Yes  No
- Does smoke bother you?  Yes  No

### Availability

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

How many hours a week can you volunteer?

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**References**

Please provide three references other than family.

- 1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_

I authorize investigation of all statements and references herein and release North Perth Community Hospice and all others from liability in connection with same.

I also understand and verify that the information herein is complete and accurate and that untrue, misleading or omitted information herein may result in dismissal regarding the time of discovery by North Perth Community Hospice.

In addition to reference checks, all volunteers working with clients will be required to show an up-to-date Police Records Check (a separate Form will be provided at the pre-training interview) and current health screening requirements.

ALL STATEMENTS BECOME PART OF ANY FUTURE VOLUNTEER PERSONNEL FILES AND WILL BE KEPT STRICTLY CONFIDENTIAL.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Please forward your completed application to:**

*North Perth Community Hospice*

*135 Main Street West | Listowel, ON | N4W 1A2*

*Phone: 519-291-5141 | Email: npch@wightman.ca*