



102 – 1509 Cliffe Avenue  
 Courtenay, BC V9N 2K6  
 Phone: 250-339-5533  
 Fax: 250-871-5063

## VOLUNTEER APPLICATION

The information on this form is strictly confidential. It is meant to give CVHS the opportunity to get to know you a little better and understand how you would like to contribute.

**General Application** *(please print clearly)*

<b>Date:</b> (dd/mm/yy)	<b>Are you over the age of 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>	<b>Preferred Name:</b>
<b>Street Address:</b>	
<b>Mailing Address:</b>	
<b>City / Province:</b>	<b>Postal Code:</b>
<b>Email Address:</b>	<b>Home Phone:</b>
<b>Work Phone:</b>	<b>Cell Phone:</b>

<b>Emergency Contact Name:</b>
<b>Contact Phone:</b>
<b>Relationship to you:</b>

**Can we call you at work?**    Yes    No    Only in an emergency

**Please indicate when you would typically be available to volunteer - check all that apply**

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Monday       | <input type="checkbox"/> Tuesday         | <input type="checkbox"/> Wednesday      | <input type="checkbox"/> Thursday      |
| <input type="checkbox"/> Friday       | <input type="checkbox"/> Saturday        | <input type="checkbox"/> Sunday         | <input type="checkbox"/> Holidays      |
| <input type="checkbox"/> Mornings     | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Early Evening |
| <input type="checkbox"/> Late Evening | <input type="checkbox"/> Overnight       |   |  |

**How many hours a week are you able to volunteer?** \_\_\_\_\_

**New volunteers will be asked to make a one-year commitment to serve, attend/participate in volunteer education modules; and commit to a self-reflective practice.**

**Are you able to make a commitment at this time?**       Yes                       No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did you learn about Hospice Volunteering?**

- Acquaintance       Volunteer                       CV Hospice                       Media  
 Other (please specify) \_\_\_\_\_

**Briefly describe the reasons you are interested in volunteering with the Comox Valley Hospice Society. What factors contributed to your desire to volunteer for us?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are some of your other personal, professional and/or volunteer obligations (e.g. family, primary caregiver, volunteer positions)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any personal health concerns that might impact your work as a volunteer (e.g. chronic illness, allergies, medical restrictions)? If yes, please describe.**       No                       Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Inventory of Talents, Skill, Abilities and Interests

The innate gifts and talents I have to offer are:

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The personal / professional skills, abilities and knowledge I have to offer are:

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Character qualities and strengths I possess are:

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## VOLUNTEER ROLES

CVHS volunteers work in a variety of roles that are designated as **Direct Care** and/or **Indirect Care**. Please indicate which areas of volunteering interest you.

- Direct Care Volunteer** – Volunteers who support the work of Hospice, working directly with clients/client families. (e.g. 1 to 1 family support, hospital visiting team, respite support, vigil support, healing touch/reiki)
  
- Indirect Care Volunteer** – Volunteers who support the work of Hospice, without working directly with clients/client families. (e.g. fundraising, community awareness, special events)

**Additional volunteer information. You are only required to complete the questions that pertain to your skills and/or areas of volunteer interest.**

**Do you possess a Complementary Therapy Specialty you would like to offer as a Hospice Volunteer (e.g. music therapy, healing touch)?** If yes, please list.  No  Yes

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*\*\* Copies of certificate/diploma completion are required and may be submitted with your application.*

**Other direct client care skills not listed but I would like to offer are:**

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**Do you speak or understand any languages other than English?**  No  Yes

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## **Interests, Activities and Experiences**

**When matching volunteers and clients it is sometimes useful to identify common interests, activities and/or experiences. Please list any hobbies, skills, recreational activities and/or special interests you have or, have been involved in:**

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**What is your mode of transportation?**

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**Please respond to the following questions as thoughtfully and completely as you can; exploring your feelings and intentions. Be certain to cover all the points indicated.**

**Have you experienced any major life changes in the last 12 months (e.g. ill health, move/relocation, job, relationships or any loss through death)?**       No       Yes

If yes, please describe briefly:

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**Have you ever experienced a serious illness?**       No       Yes

If yes, please describe briefly:

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**Have you spent time with someone very sick and/or dying?**       No       Yes

If yes, please describe briefly:

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**Have you ever seen a dead body?**       No       Yes

**Our palliative clients have a wide variety of illnesses such as cancer, ALS, heart disease and dementia. Describe how you might feel around someone who is struggling, has difficulty communicating or has a visually unsettling illness.**

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**Volunteers provide emotional and practical support for people living and dying with a life ending illness. What kinds of clients or situations might you find uncomfortable or difficult to work with and why?**

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**Our clients come from different ethnicities, cultural beliefs, value systems, socio-economic backgrounds, sexual orientation etc. How might you be challenged by working with people with different life experiences and backgrounds from your own?**

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**What refreshes and revives you physically, mentally, emotionally and spiritually, when you are under stress or managing challenging situations?**

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**It is important for caregivers to have good emotional support in their own lives. What are sources of emotional support for you?**

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**Please identify anything else you would like us to consider when matching you with a client or assigning you to volunteer in one of our programs:**

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Please provide **two** personal references who are aware of your intent to volunteer with Comox Valley Hospice Society.

<b>Name:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Best time to reach:</b>
<b>Relationship:</b>	<b>How long have you known this person?</b>

<b>Name:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Best time to reach:</b>
<b>Relationship:</b>	<b>How long have you known this person?</b>

**PERMISSION TO CONTACT REFERENCES**

I understand that the information provided in this application to volunteer with the Comox Valley Hospice Society is part of the permanent volunteer file which will be kept confidential and used only to assist in completing the volunteer screening process and in matching my skills and interests with the needs of hospice. My signature below gives the Comox Valley Hospice Society permission to contact my references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form, and for your willingness and generosity to give of your time to the Comox Valley Hospice Society, so that we may meet the needs of the clients and families we serve. This work could not be done without our volunteers.

**Please submit this application to: Comox Valley Hospice Society**

Email: [reception@comoxhospice.com](mailto:reception@comoxhospice.com)

Fax: 250-871-5063

Mail: 102 – 1509 Cliffe Avenue

Courtenay, BC

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