

Oceanside Hospice Society
VOLUNTEER APPLICATION
Confidential Information

Date of Application _____

NAME _____

Address _____

City _____ Postal Code _____

Telephone (home) _____ (work) _____ email/Fax _____

Date of Birth: ____/____/____

Emergency Contact _____
(Name) (Relationship) (Phone)

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? If Yes, please explain

Do you have a valid BC Driver's license & access to a car? ____ Yes ____ No

Languages (other than English) spoken and understood _____

What type of volunteer activity would you prefer?

1. Supporting palliative clients and/or families in the:

_____ Home

_____ Palliative Care Unit (NRGH) Nanaimo

_____ Long Term Care Facilities

_____ Provide Complementary Therapies...eg: .Reiki, Healing Touch, Massage

2. Grief /Bereavement Support

_____ Individual

_____ Group

3. Oceanside Hospice Support Team

_____ Board of Directors

_____ Fundraising/Special Events

_____ Communication/Public Relations

_____ Administration/Clerical

_____ Medical Equipment Delivery

A. Please write a little bit about your reasons for applying to be a Hospice Volunteer

B. What expectations do you have of being a Hospice Volunteer?

C. Have you experienced a personal significant loss within the past year?

D. Please list any hobbies interests or activities that you enjoy

Local References (not family members)

Name: _____ Relationship: _____ Phone: _____

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As per the constitution and by-laws of Oceanside hospice society, all volunteers of Oceanside hospice society will become a member of the society, which is a registered charitable organization.

Volunteers must agree to a Criminal Records Check through the Province of British Columbia, Ministry of Justice.

If you decide to take the volunteer training course there is a fee of \$ 65.00, which is due the first session of the course.

I submit the above information as true and reflective of my current status. I authorize Oceanside Hospice Society to contact the above references and I agree to complete the BC Ministry of Justice record check.

Signature: _____ Date: _____

common files/volunteer/2020