

Volunteer Form – Lionel Kelland Hospice



Last Name:

First Name:

Town:

Tel:

Email:

Postal Code:

Mobile:

Primary Contact Method: Mail Email Home Phone Cell Phone

Emergency Contact Information

Name:

Phone:

Language Preferred:

Availability

Please indicate the days and times you are available to volunteer.

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							
WEEKENDS							

How frequently are you able to volunteer?

More than once a week Once a week Once a month Occasionally

Volunteer Matching

Please check any interests or skills that apply to you from the list below:

Indirect Care Volunteer Roles

Baking
Grief and Bereavement
Arts and Crafts
Music and Entertainment
Reception
Special Events/Fundraising
Gardening/Landscaping
Floral Design/Indoor Plant
Greeting/Wayfinding
Board of Directors

Professional Volunteer Roles

Direct Resident Therapy
Music Therapy
Art Therapy
Companionship - Reading
Grief and Bereavement Counselling
Pet Therapy
Hair Stylist
Yoga Instructor
Massage Therapy

Please list any additional skills that you would be willing to share with our residents and their families that may not be listed:

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Personal & Work Experience

Do you have any relevant education/training? Yes No

If yes, please provide details:

Do you have previous volunteer experience? Yes No

If yes, please provide details:

Have you had any previous experience working with end-of-life patients/residents? Yes No

Please describe:

Personal References

These individuals must be over the age of 19 and should know you for more than two (2) years and may not be a partner, spouse, or family member.

Name:

Phone/email:

Name:

Phone/email:

Are you willing to provide a recent Criminal Record Check and Vulnerable Sector Check (if applicable to the role) as part of the required screening process at the time of an interview?

Yes No

Volunteer Agreement

I understand that not all applications will be accepted. I further confirm that the above information is true to the best of my knowledge.

I Agree

Signature:

Date: