Richmond Hospice Association

Hospice Training Application Form

Date of application

PERSONAL INFORMATION

Last Name: _____ Usual First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cellular: _____

Email: _____

Religious affiliation (if any): _____

Languages spoken/written: _____

Emergency Contact: _____ **Phone:** _____

Present occupation: _____

Educational background: _____

_____

Please list any other special skills or training or hospice courses taken: _____

_____

_____

Do you have a valid BC Driver's Licence? Yes ☐ No ☐

Is a car available to you? Yes ☐ No ☐

How did you hear about Richmond Hospice Association?

- ☐ Newspaper
- ☐ Brochure / poster
- ☐ Friend
- ☐ Other: _____

In what areas do you wish to be involved? Please check all that apply.

- ☐ Home visiting
- ☐ Office work
- ☐ Special events
- ☐ Other: _____
- ☐ Hospital visiting

Richmond Hospice Association, #310-7000 Minoru Boulevard, Richmond, BC V6Y 3Z5
Tel: 604-279-7140 | Fax: 604-279-7148 | Email: coordinatorvolunteerresources@telus.net
www.richmondhospiceassociation.com

AVAILABILITY

Please check the days and times that you are realistically able to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Are you willing to give a minimum time commitment of at least one year?

Yes ☐ No ☐

If NO, please elaborate: _____

Please describe any previous/current volunteer experience: _____

What do you feel are the strengths that you will bring to your volunteer work? _____

What do you feel are the limitations that you will bring to your volunteer work? _____

Why do you want to become a Hospice volunteer? What experiences have you had that make you feel you are suited for this work?

Briefly describe your personal experience with loss/death/bereavement.

Describe your personal support system.

_____

_____

_____

Do you have any concerns or are there any frustrations you think you might experience as a volunteer?

_____

_____

_____

Are you willing to complete a criminal records check? Yes ☐ No ☐

If NO, please elaborate: _____

REFERENCES

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

I understand that there is a 3-month probationary period, at which time any concerns that I, or the Program Coordinator, may have will be addressed.

I will respect the confidentiality of the Richmond Hospice Association, and of their clients and families.

Signature of applicant: _____ **Date:** _____

Thank you for taking the time to fill out this form. Once your application has been received and reviewed, you will be asked to attend a screening interview. If you still wish to be involved with Hospice after training is completed, you will be asked to sign the Volunteer Commitment and Confidentiality form.

For office use only

Date received:	Date called:	Interview date: