

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 the terminally ill 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

E. Are you comfortable working with the following, (Please indicate those you are comfortable with by an x).

___ Female clients

___ Male clients

___ Children

___ Smoking households

___ Same sex households

___ Pets

Local References (not family members)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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. Please complete the criminal check at <https://justice.gov.bc.ca/eCRC/> for the Access code please contact our office at 250-752-6227.

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: _____