

(Confidential)

Committed to Compassionate End of Life Care

Thank you for your interest in volunteering with Saugeen Hospice Inc. The Governance Committee screens all applications and will contact those who are most appropriate for available positions to arrange an interview. Please complete the form and return to the address below.

Name:			
Address:			
City:		Postal Code:	
Telephone: Home:	Cell:	Work:	
Email Address:			
Preferred Method of Comm	nunication		
I am applying to be a:	Board MemberVolunteer	(feel free to indicate both)	
Can we share your contact	information with other volunteer	s and staff?YesNo	

Why are you interested in volunteering with Saugeen Hospice Inc?

Please indicate your experience in the following areas:	Very	Little to no	I Have No
	Experienced	Experience	Interest
Board Development (recruiting, training, evaluating)			
Strategic Planning			
Financial Management (budgeting, accounting)			
Risk Management			
Information Technology			
Communication (public media relations, public speaking)			
Fundraising & Special Events (planning & implementing)			
Administrative Support (reception, office, data entry, etc.)			
Palliative Support			
Caregiver Support			
Grief & Bereavement Support			
Kitchen			
Gardening & Property Maintenance			
Complimentary Modalities (massage, yoga, reiki, meditation, etc.)			
Other (please specify)			



### Work Experience (please list most recent first)

Community/Volunteer Experience (please list most recent first)

# Fundamentals of Palliative Care:

Have you taken the course?	Yes	No
Are you willing to obtain?	Yes	No

# Please attach a resume (if you have one available).

# Please read carefully and sign

I certify that all the information provided by me in the application (and all accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee acceptance onto the Board of Directors or volunteer pool.

### Applicant's Signature

Please contact us with any questions you may have. Return completed application via mail or email (addresses below)

Date