



Volunteer Application Form
(Confidential)

*Committed to
Compassionate
End of Life Care*

Name:.....

Address:.....

City:..... **Postal Code:**.....

Telephone: Home:..... **Cell:**..... **Work:**.....

Email Address:.....

Preferred Method of Communication:.....

Can we share your contact information with other volunteers and staff?YesNo

What areas are you interested in volunteering with Saugeen Hospice Inc?

Fundraising_____ Attending events_____ Public Speaking_____ Hike_____ Communications _____

Other:

Community/Volunteer Experience (please list most recent first)

Fundamentals of Palliative Care (required to volunteer in residential hospice):

Have you taken the course?YesNo

Are you willing to obtain?YesNo

Please read carefully and sign

Note: Police checks will become necessary when volunteers are working in facility.

I certify that all the information provided by me in the application is correct.

Applicant's Signature

Date

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