

SOOKE HOSPICE

VOLUNTEER APPLICATION FORM

"Confidential"

Date: _____

Name: _____ Age: _____ Sex: _____

Date of Birth: _____

Address: _____

Phone Numbers: (Home) _____ (Work) _____

Occupation/Training: _____

Current Volunteer Experience(s): _____

Past Volunteer Experience(s): _____

1. Related experience/special training: _____

2. Have you had any personal losses in terms of bereavement in the past year or is there a death pending?
Yes _____ No _____ If "yes", please explain.

3. Why have you chosen to volunteer at Hospice at this time? _____

What do you consider to be the strengths you may bring as a Hospice Volunteer?

What do you consider to be the weakness you may have as a Hospice Volunteer?

How did you hear about the Hospice Volunteer Programme?

What hobbies or interests do you engage in?

References, "Criminal Records" Check and Confidentiality - Because our volunteers will be with people when they might be very vulnerable, it is important that we have this information.

A. Please give the name, address, occupation and telephone number of two personal references we may contact.

Name: _____ Phone: _____

Occupation: _____

Address: _____

Name: _____ Phone: _____

Occupation: _____

Address: _____

- B. It is a requirement that you provide Sooke Hospice with a statement from Sooke RCMP to the effect that you do not have a criminal record. There is no charge for this service if you take along the attached introductory letter.

Please include your completed record check with your application.

- C. It is also a requirement that you sign a "Confidentiality Agreement" with Sooke Hospice. A copy of this agreement is attached. Please return it, completed, with your application form to:

Sooke Hospice
Box 731
Sooke, British Columbia
V9Z 1H7