



89 Queen St, Truro, NS B2N 2B2
(902)893-3265 Fax: (902) 893-4485
E-mail: info@cehhospice.org
Website: www.cehhospice.org

Volunteer Application

Date rec'd _____

Personal Information

Full Name _____

Mailing Address _____ Phone (Day): _____

Alternative: _____

Email: _____

Preferred Method of contact: Mail Email Phone (Please check one)

Volunteering with CEH Hospice

Briefly explain how you became interested in volunteering with Hospice.

Did you attend a Hospice Volunteer Information Session: Yes, Date and location: _____
 No

Please explain your understanding of the work of the Hospice Society.

Indicate your areas of interest in volunteering with Hospice:

- Client visiting in hospital
- Client visiting in community
- Providing practical support for clients and families
- Assisting with special events or projects
- Assisting with fund raising activities
- Assisting with administrative tasks in the office
- Other: _____

I have the following specific skills and abilities that could contribute to CEH Hospice:

I want to volunteer with CEH Hospice because:

Please indicate approximately how much time weekly or monthly you feel able to dedicate to volunteering?

Volunteer Experience

Please list the other organizations with which you have been a volunteer up to the present:

- 1. _____ When: _____
- 2. _____ When: _____
- 3. _____ When: _____

Education and Work Experience (Use section below or include a resume)

Please describe your current employment status:

Provide an overview of your work experience in point form (limit to 3 most relevant experiences including dates).

Provide an overview of your education (high school, college/university, additional courses/training).

References

Please provide the names of three (3) people (excluding relatives) who can speak to your skills and abilities and how they may relate to volunteering with Hospice:

Name	Relationship	Contact Information
		Phone #1: Phone #2: Email:
		Phone #1: Phone #2: Email:
		Phone #1: Phone #2: Email:

I understand that prior to being accepted as a CCEH Hospice Volunteer I will be required to complete a criminal record check and child abuse registry check. I will be required to participate in an interview with Hospice staff and attend the required training. My role as a volunteer with CEH Hospice is at the discretion of the Hospice staff.

By signing and submitting this volunteer application I acknowledge this information to be true and accurate. I authorize the Colchester East Hants Hospice Society to obtain references from the individuals listed above.

Signature

Date