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## Volunteer Application

Date rec'd \_\_\_\_\_

### Personal Information

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (Day): \_\_\_\_\_

\_\_\_\_\_ Alternative: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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

### Volunteering with CEH Hospice

Briefly explain how you became interested in volunteering with Hospice.

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

Please explain your understanding of the work of the Colchester East Hants 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 fundraising 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 other organizations with which you have been a volunteer.

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 CEH Hospice Volunteer I will be required to complete a Vulnerable Sector/Criminal Record 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