

<b>PERSONAL INFORMATION</b>	<b>Name</b>					
	<b>Address</b>					
	<b>City</b>		<b>Prov.</b>		<b>Postal Code</b>	
	<b>Primary Phone</b>					
	<b>Alternate Phone</b>					
	<b>Email Address</b>					
	<b>Age Range</b>	<input type="checkbox"/> 17 and Under <input type="checkbox"/> 18 and Over		<i>The signature of a guardian is required for applicants under 18.</i>		
	<b>Emergency Contact</b>					
	<b>Primary Phone</b>					
	<b>Alternate Phone</b>					
<b>Have you ever been convicted of a criminal offence for which a pardon has not been granted?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>ROLE PREFERENCE</b>	<b>Please indicate which volunteer role(s) you are most interested in:</b>	
	<input type="checkbox"/>	Home Visiting Program ( <i>Direct Service</i> )
	<input type="checkbox"/>	Day Hospice ( <i>Direct Service</i> )
	<input type="checkbox"/>	Grief & Bereavement Peer Support ( <i>Direct Service</i> )
	<input type="checkbox"/>	Transportation ( <i>Direct Service</i> )
	<input type="checkbox"/>	Board of Directors
	<input type="checkbox"/>	Administrative Support
	<input type="checkbox"/>	Exterior Maintenance
	<input type="checkbox"/>	Community Education & Outreach
	<input type="checkbox"/>	Fund Development/Event Coordination
	<input type="checkbox"/>	Casual Special Events Volunteer ( <i>Event Day</i> )
	<input type="checkbox"/>	Other:

Please indicate your availability by checking off the boxes below:								
<b>AVAILABILITY</b>		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	Morning							
	Afternoon							
	Evening							
How would you describe the commitment you are able to make at this time?								

<b>EDUCATION &amp; EXPERIENCE</b>	Please list any relevant training/education, including dates (e.g. Courses, CPR/First Aid, ASIST, etc.):	
	Please describe any relevant employment and/or volunteer experience:	

I understand that Beth Donovan Hospice reserves the right to decline my application and that the submission of this application does not guarantee my acceptance and placement as a volunteer. I declare that the information contained in this application is complete and accurate to the best of my knowledge and that any false information or misrepresentation may result in my disqualification from the initial screening process and/or my dismissal as a volunteer.

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**\*Required for applicants under the age of 18.**

Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Thank you for your interest in volunteering with Beth Donovan Hospice! Please email your completed application to [volunteer@bethdonovanhospice.ca](mailto:volunteer@bethdonovanhospice.ca) or deliver it to the address listed below.**