Langley Hospice Society
langleyhospice.ca
Providing compassionate care and support since 1983

VOLUNTEER APPLICATION FORM

Langley Hospice Society Supportive Program Centre
20660 – 48th Avenue, Langley, BC V3A 3L6
P: (604) 530-1115 | E: volunteer@langleyhospice.ca

Mission Statement

Langley Hospice Society, a community-based, non-profit organization, provides compassionate support to help people live with dignity and hope while coping with grief and the end of life.

Date: _____

Name: _____

Address: _____
Street City Prov Postal Code

Home Phone: _____ **Cell/Work:** _____

E-Mail: _____

Preferred Method of Contact during the day: Home Phone Work Phone Cell Email

Age Group – please circle: 18-25 26-40 41-60 61-65 66-78

Date of Birth (Mo/Day **only**): _____ **Present Occupation:** _____

Please indicate your area of interest (check ALL that apply):

- □ Our Second Story Treasures Thrift Store
- □ Office/Reception Supportive Program Ctr
- □ Fundraising/Special Events
- □ Caring Hearts Quilting Group
- □ Children's & Youth Bereavement Program
- □ Adult Bereavement Program

Please Note: Potential volunteers interested in Palliative/Bereaved Client Services are required to complete Basic Hospice Training. For more information please contact (604)530-1115

Do you have experience in the following areas:

- □ Computer programs / Typing
- □ Retail / Sales
- □ Cashier experience
- □ Grief/loss of a loved one
- □ Supporting someone who is grieving
- □ Working with kids 6 – 12
- □ First Aid (Are you certified? □ Yes □ No)
- □ Other: _____

Reason(s) for Volunteering:

□ Personal satisfaction/give back to community □ Meet people □ Course requirement

□ Work experience □ Court-Ordered Hours _____ # hours □ Other _____

Prior Volunteer Experience: _____

_____

_____

How did you hear about us?

□ Newspaper ad □ Flyer/Poster at: _____
□ Website: _____
□ Presentation at: _____ □ Word of Mouth
□ Received services from Langley Hospice □ Fundraiser/Event: _____
□ Other: _____

Please indicate your preferred time commitment:

□ Casual / Special Events □ 6 months to 1 year
□ 3 to 6 months □ 1 year or longer

Availability (days of weeks/daytime/evening, etc.):

_____

_____

How many shifts would you like to do per week? _____

Do you have any supported needs/disabilities? □ Yes □ No

If yes, please explain: _____

Are you physically fit to carry out all required duties? ☐ Yes ☐ No

REFERENCES

Please supply the names and telephone numbers of at least two references from your previous work experience, volunteer experience, neighbour, pastor, or friend. Please do not use relatives as references.

1. Full Name: _____ Relationship: _____
   Email Address: _____ Length of Relationship: _____
   Phone Number: _____ Alternate Number: _____
   Preferred Contact by (please ✔ one): ☐ Email ☐ Phone

2. Full Name: _____ Relationship: _____
   Email Address: _____ Length of Relationship: _____
   Phone Number: _____ Alternate Number: _____
   Preferred Contact by (please ✔ one): ☐ Email ☐ Phone

3. Full Name: _____ Relationship: _____
   Email Address: _____ Length of Relationship: _____
   Phone Number: _____ Alternate Number: _____
   Preferred Contact by (please ✔ one): ☐ Email ☐ Phone

EMERGENCY CONTACT INFORMATION

Please provide information for close friend/family member to contact in event of an emergency.

Emergency Contact Name: _____
Relationship: _____
Home #: _____ Work #: _____ Cell #: _____

Please advise of any allergies, medical conditions and/or medications that you are currently taking:

_____
_____

PHOTOS

I agree that my name and/or photograph may be used for Society purposes ☐ Yes ☐ No
Initials: _____

VOLUNTEER PERMISSION AND RELEASE FORM

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Langley Hospice Society is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason. **Initials:** _____

Confidentiality is an issue of privacy, safety and trust. It is felt that a client who trusts that the information they offer will be respected and held private will be more open to disclosing information they would otherwise hold back. This sharing of information is an important part of our client/staff/volunteer relationships. It is also our belief that each client shall have the right to have his or her identity maintained in confidence, except on a need-to-know basis. When in doubt, staff and volunteers will choose not to identify clients. Need-to-know is when the sharing of information is pertinent to the meeting of the client's needs. In all other circumstances, unless the client chooses otherwise, they shall not be identified by name or any other method (i.e. descriptions that would lead to the identification of the client's name). This belief is held in both professional and personal relationships. **Initials:** _____

I hereby authorize Langley Hospice Society to contact any or all of the references and agencies listed herein for the purposes of processing my application to become a volunteer in the agency's program. I understand that these references will be contacted in confidence. **Initials:** _____

I will support the goals and policies of the Langley Hospice Society and Langley Hospice Foundation. **Initials:** _____

I hereby declare that all information on this application is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal. **Initials:** _____

This waiver has been explained to me. I understand and consent to the implications of this waiver. I further agree that this waiver is made of my own free will and without duress. **Initials:** _____

_____ _____ _____
Printed Name Applicant's Signature Date Signed

Completed applications forms can be sent to Cameron McKay via email: volunteer@langleyhospice.ca or drop off/mail: 20660 48 Ave, Langley V3A 3L6