



Langley Hospice Society
20660 – 48th Avenue, Langley, BC V3A 3L6
Tel: (604) 530-1115 Fax: (604) 530-8851
www.langleyhospice.com

VOLUNTEER APPLICATION

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):

- | | |
|--|---|
| <input type="checkbox"/> Thrift Store (Second Story Treasures) | <input type="checkbox"/> Quilting Group |
| <input type="checkbox"/> Office | <input type="checkbox"/> Children's & Youth Program |
| <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Newsletter Team |

**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:

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

Reason(s) for Volunteering:

- | | | |
|---|--|---|
| <input type="checkbox"/> Personal satisfaction/give back to community | <input type="checkbox"/> Meet people | <input type="checkbox"/> Course requirement |
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Court-Ordered Hours _____ | <input type="checkbox"/> Other _____ |
| | No. hours | |

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 a close friend or family member we may contact in the 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 Denise Station email: volunteer@langleyhospice.com fax: 604.530.8851 or drop off/mail: 20660 48 Ave, Langley V3A 3L6