



# RIDGE MEADOWS HOSPICE SOCIETY

*Grief has no time line*

## VOLUNTEER APPLICATION FORM

---

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extra Phone: \_\_\_\_\_

Do you speak another language? \_\_\_\_\_ Do you know Sign Language? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Birthday (optional) \_\_\_\_\_

If yes, are you willing and able to transport clients by vehicle? \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Volunteer Experience (previous & current)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospice/Palliative/Bereavement related experience. Please specify what knowledge you have, that would consider you to be an appropriate Hospice volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interests/Special Skills:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time are you prepared to commit to Hospice Volunteer work? \_\_\_\_\_

What days of the week or hours are you able to dedicate to patient care? \_\_\_\_\_

Would you prefer: Weekdays \_\_\_\_\_ Evenings \_\_\_\_\_ Week-ends \_\_\_\_\_

Type of volunteer activity preferred \_\_\_\_\_

Working with clients: (circle)

- A) The terminally ill and/or loved ones in the hospital
- B) The terminally ill and/or loved ones in their home
- C) The bereaved

Ridge Meadows Hospice Society Support Team: (circle as many as you are interested in)

- A) Board of Directors
- B) Fund Raising
- C) Communications/Public Relations
- D) Education/Training
- E) Administration/Clerical
- F) Special Events

Two (2) personal references are required. (No relatives please)

Please be advised that we will be contacting your references and that we may record personal information that they disclose. If you are in agreement with this, please sign in the space provided.

I \_\_\_\_\_ give permission to Ridge Meadows Hospice Society, to contact my references and to record personal information for my file.

**Reference 1**

Name : \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

**Reference 2**

Name : \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

TO: RIDGE MEADOWS HOSPICE SOCIETY  
BOX 11  
MAPLE RIDGE, BC V2X 7E9

*There will be a \$90.00 charge at time of course date to cover materials and 1 year membership*

Thank you for your interest in being a Hospice volunteer.

If you have any questions or concerns, do not hesitate to call the office @ 604-463-7722

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_