



Volunteer Application Form

Thank you for your interest in wanting to join Heartland Hospice Moose Jaw Inc. as a volunteer. Volunteers are an integral part of the end-of-life journey and have a tremendous impact on the lives of the patients that they serve, along with their families, friends and the hospice team. Please use this form to provide useful information about yourself, to assist us in assessing your fit as a volunteer.

The following are the expectations of Volunteers:

Volunteers will:

- Be familiar with Heartland Hospice's mission, its vision, its values, its goals and objectives
 - Prepare thoroughly for Committee meetings by reviewing the materials prepared and request additional information if required;
 - Actively participate in all committee meetings and discussions
 - Accept and fulfill Committee responsibilities;
 - Attend all Committee meetings if possible and be on time;
 - Actively participate in all committee meetings and become familiar with decisions and deliberations as soon as possible after any missed meetings;
 - Maintain a professional public profile;
 - Demonstrate honesty and integrity and leadership in ethical matters;
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The following information requested and will be held in confidence:

Name: _____

Home Phone Number: _____ Cell Number: _____

Mailing Address: _____

Email address (*please write it carefully*): _____

Spoken Languages: _____

What is your main field of study or occupation? _____

What is your previous and current employment history? _____

Are you willing to commit to volunteering for greater than one year? Yes No

Briefly describe why you would like to become a volunteer with Heartland Hospice.

What do you hope to gain personally by volunteering?

Which of the following is your volunteer preference? Check those that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Communications
(Newsletters, brochures) | <input type="checkbox"/> Fundraising/Special
Events | <input type="checkbox"/> Public
Education/Development |
| <input type="checkbox"/> Community
Networking | <input type="checkbox"/> Supportive Care
Initiatives | <input type="checkbox"/> Serenity Garden
Beautification Team |

Other skill(s) of yours that you would like to utilize? _____

Please list any *previous* and *current* volunteer experience you have had.

By way of this application, I agree that:

- I can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that I do not have any conflict-of-interest in participating on the Board.
- I will take part in Heartland Hospice orientation as well as any other role specific training to enhance and support my position on the board of directors.
- I will provide a current clean vulnerable sector police check at my own expense once the interview process is complete.

Your signature: _____ Date: _____

Thank you for your interest in volunteering with Heartland Hospice Moose Jaw

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Date Received:

Executive Committee Recommendation for Acceptance: Yes No

Disposition of Application: Accepted Not Accepted

Date Applicant Informed of Decision:

Criminal Record Check Completed: Yes No Date of Criminal Record Check:

Conflict of Interest Declaration Completed and Handed In: Yes No

Confidentiality Declaration Completed and Handed In: Yes No

Picture Completed for Website: Yes No

Date Applicant has Completed Heartland Hospice Volunteer Orientation:

Volunteer Role and/or Committee: