

(Confidential when completed)

HOSPICE QUINTE

Bioniche Hospice Quinte Centre

225 Dundas St., E. Belleville, Ontario K8N 1E2

Phone: 613-966-6610 Fax: 613-966-2272

VOLUNTEER REGISTRATION FORM

Name: _____ Date: _____

Address: _____ Age:(Optional) _____

_____ Home Phone: _____

Postal Code: _____ Work Phone: _____

Emergency Contact: _____ Phone No: _____

Present Occupation: _____

Are you working or at school full time? _____ Hours: _____

Do you have an answering machine? _____ Car Available: Yes No

What can you offer us for client care? Days _____ Evenings _____ Overnight _____

Hobbies and Interests: _____

_____.

Previous Volunteer or Related Experience: _____

_____.

What type of Volunteer work are you interested in?

1) Direct Patient/Family Contact - In Client's homes? _____

Follow clients into hospital? (BGH) _____

In Hospital? (TMH) _____

2) Transporting Clients to Appointments? _____

3) Office Work (computer work, telephoning, cleaning, filling, photocopying) _____

4) Joining Committees - Fundraising _____

Public Relations _____

Policy _____

Volunteer _____

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Why have you chosen to Volunteer for Hospice Quinte, and why at this particular time in your life? _____

Have you had a recent loss (death, divorce, job, home) within the past year? (If yes please give details) _____

How would the person closest to you react to your involvement with dying people? _____

What kind of experiences (while working with dying people) do you think would be most likely to upset you? _____

Describe a time when you turned to someone for help or support (need not have been a professional), and how it felt to approach this person. _____

What did you see as helpful? _____

What do you feel are the strengths and weaknesses that you will bring to your Volunteer work? _____

Do you have any physical limitations (i.e. lifting, pushing wheelchairs)? _____

Please list the names and daytime phone numbers of two references:
