

Madawaska Valley Hospice

Volunteer Registration Form

Name: _____

Address: _____

Phone: *Home* _____ *Cell* _____

Email: _____

Emergency Contact: *Name* _____
Phone _____

Language(s) Spoken: _____

Valid Driver's Licence: _____ Yes _____ No

Are you in good health and able to perform the duties of a volunteer?

Yes: _____ No: _____

How did you hear about our volunteer program: _____

When Are You Available

Weekly: _____ Bi-Weekly: _____ Monthly: _____

Best Day(s): _____ Time of Day: _____

Are you available in the evenings? _____

Life Experiences

What experiences do you bring that might relate of Palliative Care?

Occupation or any special training: _____

Health related experience: _____

Hobbies and interests: _____

Please list any current or previous volunteer experience: _____

Volunteer Skills, Interests and Abilities

Direct patient and family support: _____

Office assistance: _____

Volunteer driver: _____

Home baking / meal prep: _____

Decorating: _____

Music: _____

Library: _____

Personal References

1. Name: _____
Address: _____
Phone Number: _____
Relationship: _____

2. Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Are You Willing To

- 1. Provide a Criminal Record Check? _____ Yes _____ No
- 2. Sign our Document of Confidentiality? _____ Yes _____ No
- 3. Provide two references? _____ Yes _____ No
- 4. Have the annual Flu Shot? _____ Yes _____ No

I have provided the Madawaska Valley Hospice with accurate, correct information. I understand that all the information given will be kept in confidence. I am willing to take the Volunteer Orientation Training.

Additional comments: _____

Signature: _____ **Date:** _____