

# Madawaska Valley Hospice

## Volunteer Information Form

Mr. Mrs. Ms \_\_\_\_\_  
(Please circle one) First Name Last Name

Mailing Address: \_\_\_\_\_

RR # or Box: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we contact you at work? Yes  No

Email: Yes  No  Email address: \_\_\_\_\_

Note: Email is the primary means of communication with our volunteers. If you do not have an email address, we will communicate with you by telephone or via Canada Post.

Emergency Contact: \_\_\_\_\_  
Name Phone No.

Language(s) Spoken: \_\_\_\_\_

Valid Driver's Licence: Yes  No

How did you hear about our volunteer program: \_\_\_\_\_

Availability: Weekly  Bi-Weekly  Monthly  Evenings:  Yes  No  
Nights:  Yes  No

### **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:

---

The Madawaska Valley Hospice staff engages a bi-monthly Touch Base meeting with volunteers. Volunteers are required to attend at least one (1) of these educational sessions a year.

Are you willing to do this? Yes  No

**Volunteer Skills, Interests and Abilities**

Direct patient and family support	<input type="checkbox"/>	Office assistance	<input type="checkbox"/>	Volunteer driver	<input type="checkbox"/>
Home baking/meal prep	<input type="checkbox"/>	Decorating	<input type="checkbox"/>	Music	<input type="checkbox"/>
Light housekeeping tasks	<input type="checkbox"/>	Library	<input type="checkbox"/>	Gardening	<input type="checkbox"/>

**Computer Use and Knowledge:**

Do you have access to and know how to operate a computer? Yes  No

If yes, how often do you check email messages: Daily  Weekly

<b><u>Are You Willing To:</u></b>	Provide a Criminal Record Check?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Sign our Document of Confidentiality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Provide two references?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have the annual Flu Shot?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Serve with smokers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Serve with pets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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.

Have you previously attended hospice education? Yes  No   
*If 'yes', a copy of your certificate is required for our files.*

Additional comments:

---

---

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