KAMLOOPS HOSPICE ASSOCIATION

Expression of Interest for Volunteering

The information obtained from this form is strictly confidential and will be used for the purpose of getting to know you better and to understand how you would like to contribute. **(Please print)**

Date_____ DOB_____

Name_____ Pronouns_____

Address_____ Postal Code_____

Phone Number: h._____ c._____ w._____

E-mail_____ Languages spoken in addition to English_____

Please check all that apply to you: Employed F/T☐ P/T☐ Retired☐ Student☐ Caregiver☐

Emergency Contact Person _____

Relationship _____ Contact Number _____

Please describe your current or previous work and/or volunteer experience over the last 10 years.

_____

_____

_____

_____

_____

_____

What are your interests and hobbies?

_____

_____

_____

_____

T: 250-372-1336 | F: 250-372-1297 | E: volunteers@kamloopshospice.com
72 Whiteshield Crescent S., Kamloops, BC V2E 2S9

Please check any of the Volunteer areas that interest you.

☐ Patient Volunteer
☐ Reception
☐ Cook/Baker
☐ Garden, Ground Maintenance
☐ Crafters
☐ Music Program
☐ Complementary Therapies
☐ Grief Group Support
☐ Workshops
☐ Fundraising/Events

Have you experienced a personal loss of a friend or family member during the last year? Yes☐ No☐

_____

_____

_____

Please write a statement about how you became interested in Kamloops Hospice and why you wish to become a volunteer. Describe how you hope to benefit and grow personally from this experience.

_____

_____

_____

_____

_____

Do you have any health limitations which would prevent you from doing certain types of work? If so please describe.

_____

_____

Please provide **two professional references:**
They will only be contacted after your initial interview and prior to training commencing.

Name Please Print_____p._____

Address_____

E-mail_____ Relationship to you_____

Name Please Print_____p._____

Address_____

E-mail_____ Relationship to you_____

How did you hear about volunteering with Kamloops Hospice? Please check one or more.

☐ Word of mouth
☐ Community Presentation
☐ Friend
☐ Facebook (*social media*)
☐ Kamloops Hospice Website
☐ Personal Experience
☐ Radio
☐ Other_____

Thank you for taking the time to complete this form.
This is the first step to volunteering with Hospice.

Your signature below gives Kamloops Hospice Association permission to contact your references.

Signature_____ Date_____

REQUIRMENTS

- Complete a half-day Palliative/Hospice Care Training (*approx. 4 hrs – overview*).
    - Different roles will have specific training, certification and/or orientation expectations.
- Complete a Criminal Record check (*a link will be provided to you to complete online*).
- Sign the Pledge of Confidentiality.
- Review Volunteer Policies & Procedures/Dress Code.
- Complete an orientation shift(s).

With the successful completion of the above requirements, you will be able to volunteer for Kamloops Hospice Association.

PATIENT VOLUNTEER – ADDITIONAL REQUIREMENTS

- Volunteers who wish to be a Patient Volunteer (*In-house or Community*) must participate in our **Patient Volunteer Training** (*approx. 30 hrs*).
- There is a $25.00 fee for the Patient Volunteer Training materials.

GENERAL INFORMATION

- Flu vaccination is recommended if you have direct contact with patients/clients and families out in the community or in our hospice home.
- To become a member of Kamloops Hospice Association (optional) - $20.00 annual membership fee.

Please return your application by email, mail or in person to the
Volunteer Coordinator, Ashley DiGeso
volunteers@kamloopshospice.com

Thank you for your interest in Kamloops Hospice Association.