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VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Date of application: _____

Date of first contact: _____

Date of second contact: _____

Date of Interview: _____

For office use only

Name: _____ 18+ years of age (Y/N): _____

Address: _____ City: _____ Prov: _____ PC: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail _____

May we contact you at work: Yes No

What is your mother tongue: English French ASL (American Sign Language)

Other(s) _____

Volunteer Opportunities (please feel free to check of more than one if you wish)

- Administration Bereavement Support Complementary Therapy (e.g. music, art, meditation, etc.)
 Fundraising Garden Kitchen Maintenance
 Reception Housekeeping Special Events
 Community Visiting Hospice Services (30hrs Training Required) Residential Visiting Hospice Services (30hrs Training Required)

Volunteer Training (please check one of the following box)

Which language would you prefer to take your training? English French

Volunteering at Maison Vale Hospice?

1) Why have you chosen to volunteer with Maison Vale Hospice? _____

2) How did you hear about us? _____

3) Have you had any experience with the terminally ill? Yes No

4) Have you experienced a close/personal loss of a loved one within the last year? Yes No

5) What are your expectations of being a Hospice volunteer? _____

Hobbies and Leisure

What are your hobbies and interests? _____

Do you have any previous volunteer experience? If so, please specify: _____

References:

Please provide two references other than family:

1. Name: _____ Phone: _____

E-Mail: _____ Nature of Relationship: _____

2. Name: _____ Phone: _____

E-Mail: _____ Nature of Relationship: _____

