



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION		
First Name:	Last Name:	
Address:		
City:	Province:	Postal Code:
Phone:	Cell:	
Email:		
Languages spoken: English <input type="checkbox"/> French <input type="checkbox"/> Other, please specify:		

BACKGROUND INFORMATION
Current Occupation:
Specific or particular skills, if any (i.e., musician, artist, culinary, etc.):
Do you have any prior volunteer experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.
Has someone close to you passed away in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any experience working or volunteering in a hospital setting or with people who are ill? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have experience working or volunteering with people who are terminally ill? Yes <input type="checkbox"/> No <input type="checkbox"/>
Why do you want to work as a volunteer at the Teresa Dellar Palliative Care Residence?

VOLUNTEER POSITIONS (please check all that interest you) <i>Please visit our website for additional details about these positions</i>	INDICATE INTEREST
Ancillary Services Volunteer (i.e., musician)	
Auxiliary Volunteer (i.e., event support, administrative support, etc.)	
Bereavement Support Caller	
Community Ambassador	
Gardening Volunteer	
Housekeeping Volunteer	
Kitchen Volunteer	
Laundry Volunteer	
Meal Service Volunteer	
Nav-CARE Navigator Volunteer	
Patient Care Volunteer	
Reception Volunteer	
Welcome Ambassador/Relief Reception	
Young Ambassador Volunteer	
Other Please specify:	