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www.kamloopshospice.co

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 _____

Address _____ Postal Code _____

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

E-mail _____ Languages spoken in addition to English _____

Emergency Contact Person _____ Relationship _____ Contact Number _____

Please check the following that applies to you: Employed F/T ___ P/T ___ Retired ___ Student ___ Caregiver ___

A minimum of 3 hours volunteer hours per week for a period of one year is expected. Can you make this time commitment? Yes ___ No ___

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

What are your interests and hobbies?

Please check any of the Volunteer areas that interest you.

- | | |
|---|---|
| <input type="checkbox"/> Patient Volunteer, Community/House | Thrift Store |
| <input type="checkbox"/> Reception, greeting guests, receiving incoming calls | <input type="checkbox"/> Music Program, Harp, Piano, Flute, Singing, String |
| <input type="checkbox"/> Cook/Baker/Meal Prep and Support | <input type="checkbox"/> Complementary Therapies, Massage, Reflexology |
| <input type="checkbox"/> Garden, Ground Maintenance | Esthetics, Hair Cutting, Yoga, Meditation, Pet, Healing Touch |
| <input type="checkbox"/> Crafters | <input type="checkbox"/> General office assistance, filing, mail outs |
| <input type="checkbox"/> Fundraising/Events | <input type="checkbox"/> Grief Group Support |
| <input type="checkbox"/> Workshops | |

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 personal references (they will be contacted only after the introduction session 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.

- | | |
|---|---|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Kamloops Hospice Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Personal Experience |
| <input type="checkbox"/> Community Presentation | <input type="checkbox"/> Community Calendar |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Facebook | |

Thank you for taking the time to complete this form. This is the first step to volunteering with Hospice. If you have attended an information session and would like to continue to pursue a volunteer role with KHA, an interview will be scheduled. If you have expressed interest in and are accepted into the Patient Volunteer Program you are required to attend the 30 hours of palliative training. Most other areas will have specific training and or orientation expectations.

*Your signature below gives Kamloops Hospice Association permission to contact your references. Please return your application by email, mail or in person to the **Community Program Coordinator, Pamela Young.***

*If you have selected **Greif Group Support** your application will be passed onto our Counsellors.*

*If you have selected **Flutterbuys Thrift Store** your application will be passed onto our store managers.*

Signature _____

GENERAL INFORMATION

As a Volunteer for the Kamloops Hospice Association you will be required to:

- Volunteers who wish to be a Patient Volunteer (House or Community) must participate in our **Patient Volunteer Training**. There is a \$50.00 cost, this assists in covering training materials.
- Complete a Half day Palliative / Hospice Care Training (approx. 4 hours overview of) for most other volunteer areas.
- Most other volunteer areas will have specific training, certification and/ or orientation expectations
- Be a member of the Association \$20.00 annual membership fee
- Have a Criminal Record check done (we will provide you our link to complete online)
- Sign the Pledge of CONFIDENTIALITY & review of Volunteer Policies & Procedures, and Dress Code
- When all requirements are met then you will be able to volunteer for the Kamloops Hospice Association
- Record your monthly hours and give them to the Community Program Coordinator at the end of each month
- Flu shot required if you have direct contact with patients/clients and families out in the community or in our hospice home.

Kamloops Hospice Association will:

- Attempt to place you in the area you request
- You will be given information with respect to training, meetings and events that you may wish to attend
- Support will be available when needed

If you have any questions regarding this application feel free to contact the Community Program Coordinator at 250.372.1336. Thank you for your interest in Kamloops Hospice.