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**VOLUNTEER APPLICATION - Hospice**

Submit completed applications using one of the following three methods:

***FAX TO: MAIL TO:***

 Life Enrichment Coordinator Life Enrichment Coordinator

 (403) 252-9291 Intercare Corporate Group Inc. Southwood Care Centre

 ***EMAIL TO:*** 211 Heritage Drive S.E.

 jdeleon@intercarecorpgroup.com Calgary, AB T2H 1M9

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| **VOLUNTEER INFORMATION (PLEASE PRINT)** |
| **LOCATION DESIRED: AVAILABILITY: Please specify preferred** **[ ]** CHINOOK HOSPICE [ ]  FLEXIBLE 1261 Glenmore Trail SW [ ]  PREFER WEEK DAYS / EVENINGS  Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]  SOUTHWOOD HOSPICE [ ]  PREFER WEEKEND DAYS / EVENINGS 211 Heritage Drive SE Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| LAST NAME | FIRST NAME AND INITIAL |
| HOME ADDRESS | E-MAIL ADDRESS |
| CITY | PROVINCE | POSTAL CODE | TELEPHONE (HOME) |
| TELEPHONE (CELLULAR) | TELEPHONE (WORK) |
| EMERGENCY CONTACT (NAME / TELEPHONE NUMBER/ RELATIONSHIP) |

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|  SKILLS AND INTEREST |
| EDUCATIONAL BACKGROUND:  |
| OCCUPATION: |
| INTERESTS / SKILLS / HOBBIES: |
| EXPERIENCE WORKING IN PALLIATIVE CARE: Yes \_\_\_\_\_ No \_\_\_\_\_ |
| PREVIOUS VOLUNTEER EXPERIENCE: |

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| **PREFERENCE IN VOLUNTEERING** |
| **WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?** [ ]  Visiting/Social Support [ ]  Life Enrichment Program (Tea, Music, Art, other) [ ]  Reception (Evenings or Weekends) [ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No Preference Do you have a preference for working with: Men [ ]  Women [ ]  No preference [ ]   |
| Have you experienced any significant losses in the past year? As a volunteer in hospice, you will be working with clients, families and caregivers. Are you physically and emotionally able to commit to this type of involvement?  Are you able to commit to one year of volunteering?   |
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| **PLEASE LIST TWO (2) NON-FAMILY REFERENCES FOR US TO CONTACT****(Please include: Name / Phone Number/ Email Address)**1. **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 1. **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This information is collected pursuant to the Intercare Corporate Group Inc. Privacy Policy

and its obligations under the Personal Information Protection Act.