Chilliwack Hospice Society

7112 Vedder Road
Chilliwack, B.C. V2R 3T6
Phone: (604) 795-4660
Fax: (604) 795-2476

CLIENT & PATIENT VOLUNTEER TRAINING APPLICATION
CONFIDENTIAL

Personal Information: Date: _____

First Name:_____ Middle Name: _____ Surname: _____

Address: _____Postal Code_____

Home Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact Name:_____

Emergency Contact Phone: _____ Other Phone: _____

Date of Birth: _____ (year/month/day)

Have you been fully vaccinated for COVID-19? Yes □ No □

Can we share your contact information with other Hospice Volunteers? Yes □ No □

I grant permission for photographs/videos, written evaluation comments, or interviews to be used for educational purposes and/or to promote the Programs and Services of the Chilliwack Hospice Society? Yes □ No □

Education/Special Training:

_____

_____

_____

Work Experience during the past five years:

_____

_____

_____

Do you have a car or access to transportation? Yes □ No □

Do you speak a language other than English? Yes □ No □

Language: _____ Speak _____ Read _____ Write _____

Language: _____ Speak _____ Read _____ Write _____

How did you hear about our Hospice Volunteer Programs and Services?

_____

_____

Why do you want to be a Hospice Volunteer?

_____

_____

_____

What personal qualities (skills, knowledge and experiences) do you have that will help you in the work you will do as a hospice volunteer?

_____

_____

_____

Have you experienced the death of a loved one in the past 12 months? Yes □ No □

If so, please explain:

_____

_____

_____

What are your thoughts and feelings about death?

_____

_____

_____

Have you ever been with someone at the time of their death?

_____

_____

_____

When thinking of your own death, what words best describe death to you?

I do not think about my own death ☐ Sorrowful ☐ Natural ☐ Frightening ☐ Painful ☐

Lonely ☐ Joyful ☐ Heavy ☐ Peaceful ☐ Dark ☐

Other:

_____

_____

_____

_____

REFERENCES: 3 are required - 1 from your current or most recent employer/supervisor; and 2 people who are not immediate family and who have known you for at least three years.

Name	Contact Number	Relationship

Code of Ethics for Volunteers

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information which is disclosed to me while volunteering with the Chilliwack Hospice Society is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. I understand that I will be required to complete a police record check, meet with the Palliative & Bereavement Services Manager and successfully complete the 35-hour volunteer training before being accepted as a Client and Patient Volunteer. It should be noted; however, that even after completion of the volunteer training, not everyone is accepted as a volunteer.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize enquiries to be made concerning my employment, character, and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with the Chilliwack Hospice Society.

_____ _____

Applicant's Signature Date

For Office Use:

Date Received: _____ Interview date/time: _____