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## VOLUNTEER APPLICATION

NAME

ADDRESS (please include postal code):

PHONE *home:*

*cell:*

*work:*

Birthdate

email address

Thank-you very much for taking the time to tell us about yourself and answering the questions below. If you wish to add more detail to your answers, please feel free to do so, or you can choose to augment any answer in your subsequent personal interview with our Volunteer Coordinator.

*What is your understanding of who a hospice volunteer is?*

*Please describe your previous and present work and volunteer experiences:*

*Special skills/other languages, if any:*

*What do you enjoy doing in your spare time?*

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*How long have you lived in this community?*

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*Can you expand on your reasons for wanting to be a hospice volunteer and why you think you are suited for this work?*

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*What do you expect or hope to receive from the Hospice training experience?*

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*What do you hope to gain personally from volunteering at Hospice?*

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*Have you had any personal experiences of bereavement in your life? Please specify:*

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*Have you had any recent losses caused by a move, job change, separation or death? (Please explain briefly)*

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*Can you explain your own beliefs and attitudes are about death and dying?*

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*Please describe your personal support system:*

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*What does "self-care" mean to you and how do you take care of yourself when under stress?*

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*How would you describe your temperament?*

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*What do you like most about yourself? Least?*

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*What is your "energy" or "activity" level and how would you describe your work habits?*

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*What kind of people do you work with best?*

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*What kind of supervision do you prefer?*

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*How much time do you have for volunteer work? Would this fit with the rest of your life?*

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*Do you drive?*

*Is a vehicle available to you?*

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*Are you willing to insure your vehicle with \$2,000,000 liability coverage?  
Are you willing to continue this level of insurance as long as you are a  
Hospice volunteer?*

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*Are you willing to commit to approximately two – four hours a week  
for at least one year?*

*(Please note: this is an average figure which can present also as intensive volunteering for a short, specific event  
or project which allows for expanded time away to accommodate different lifestyles of our volunteers.)*

*What are the best times of day or week for you to volunteer?*

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*Do you agree to work under the supervision of a Coordinator?*

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*Are you prepared to attend team meetings, workshops, and advanced  
training sessions in order to maintain and upgrade your skills and  
knowledge?*

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#### REFERENCES:

Please provide two letters of character reference along with this application. Letters of reference can be mailed, faxed to 250-701-4243 or emailed to [tina@cowichanhospice.org](mailto:tina@cowichanhospice.org) (Volunteer Program Coordinator).

SIGNATURE:

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DATE:

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**Cowichan Hospice**  
**Caring for families through advancing illness**  
**and grief since 1981**