

Volunteer Application and Record Form

Privacy: Hospice Northumberland Lakeshore is committed to protecting the privacy of the personal information of its clients, members, volunteers, supporters, employees and other stakeholders. During the course of our various activities and projects, we frequently gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. The information gathered on this form will be used internally within our Volunteer Information Data System, and in determining the most suitable position and relationships that you may have. At times, we may publish your name and role in our publications, and may send you information about our activities. If you do not wish your name to be published, please contact 905-373-8875. If you have any questions about our privacy policy, or would like a copy of the complete privacy policy, please contact our identified privacy contact, Executive Director, at 905-373-8875 or info@hospicenorthumberland.ca

Name: _____

Address: _____

Phone (H): _____ (W): _____

Email: _____

Date Completing Form: _____

Is it alright to contact you at work? _____

(Please check all that apply)

I am interested in providing client service support (helping Hospice clients)

Yes

I am interested in a Committee (Yes) and/or Board (Yes) role:

- | | |
|---|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Policy and Risk Management | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Personnel | |

I am interested in joining the Hospice team because:

I have these skills and experiences to share:
(a) professional (employment and volunteer)

(b) personal (hobbies, interests, special skills, etc)

References:

Name _____

Phone _____

Name _____

Phone _____

I understand that I am required to provide a satisfactory Criminal Reference Check as a last step prior to being accepted into the Hospice team.

If I am applying to provide client service, I understand that I will need to commit to a 30-hour Volunteer training program.

Signature: _____ Date: _____