

Volunteer Application Form

Education

	Name of Institution	Level of Education
High School		
Post-Secondary		
Other		

Are you receiving credit for your volunteer work? Yes No

If so, what are your required hours? _____

Employment

Employment Status: Full-Time Part-Time Retired Unemployed

Last three places of Employment:

Company Name/Employer	Job Title	Start & End Dates	Reason For Leaving

Health Information

Please list any limitations, or health issues (includes allergies, back problems etc.) which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when pursuing a volunteer placement.

Volunteer

Why do you want to volunteer with Palliative Manitoba?

Please check the areas of volunteer work you are interested in:

- Volunteer Visiting Service - Weekly visits with individuals who have life limiting illness (1-4 hrs/wk)
- Telephone Bereavement - Weekly phone calls with a bereaved individual (1 hour/week)
- Final Days Final Hours - Sit with individuals who are actively dying (3 hour shifts as required)
- Memory Tree - Support grieving individuals (3hr shifts throughout November and December)
- Grief Seminars - Support participants in seminar (2 hours/month)
- Grief Support Groups - Assist with facilitation of various grief support groups (as required)

Questions

1. Have you experienced any losses in your personal life? (Death, divorce, health issues, etc.)

2. What kind of experiences in your work with the dying and bereaved would most likely upset you?

3. Is there a time in your life when you needed to turn to someone for help or support?

4. Describe how it felt to approach this person.

5. What did you see as helpful?

6. Was there anything that was not helpful?

7. What do you feel are the strengths/skills that you bring to your volunteer work?

8. What do you feel are the weaknesses that you bring to your volunteer work?

References

Please list three references - past or present employers, volunteer administrators, teachers, etc. One reference from a personal friend is acceptable (this does not include family).

Name	Relationship	Phone Number

I hereby authorize Palliative Manitoba to verify any information supplied by me in this application form to ascertain my suitability as a volunteer. I hereby release Palliative Manitoba from all liability for any damage whatsoever for issuing same. I further authorize Palliative Manitoba to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Disclaimer: Because Palliative Manitoba takes its responsibility for clients and services seriously. We screen all our applicants thoroughly. While we try to accept all prospective volunteers, Palliative Manitoba reserves the right to reject any applicant.

I hereby certify that all information in this application form is true and complete.

Signature Date