



# Canuck Place Children's Hospice

1690 Matthews Avenue, Vancouver, BC, V6J 2T2  
 Phone: (604)731-4847 Fax: (604) 739-4376

## Volunteer Application Form

**Personal Information:** (Mr. Mrs. Ms. Miss. - please circle one)

|   |  |                                  |  |                             |  |
|---|--|----------------------------------|--|-----------------------------|--|
| <b>Last Name:</b>   |  | <b>First Name:</b>               |  | <b>Middle Name:</b>         |  |
| <b>Street Address:</b>  |  | <b>Preferred Name used:</b>      |  |                             |  |
| <b>City:</b>  |  |                                  |  | <b>Postal Code:</b>         |  |
| <b>Home Phone No.</b><br>( ) ( )  |  | <b>Work Phone No.</b><br>( ) ( ) |  | <b>Cell No.:</b><br>( ) ( ) |  |
| <b>E-mail:</b> (please print clearly) (this is our primary form of communication, please keep this information current) |  |                                  |  |                             |  |

**Volunteer Location:** (Please tick which **location** you would like to volunteer at)

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>Canuck Place Children's Hospice Vancouver location:</b> | <input type="checkbox"/> | <b>Canuck Place Children's Hospice Abbotsford Location:</b><br>(Please note there are <b>limited</b> volunteer opportunities in Abbotsford at this time) | <input type="checkbox"/> |
|--|--------------------------|--|--------------------------|

### Volunteer Opportunities in Vancouver:

| <b>Opportunities:</b><br>(please specify 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> choice): | <b>Skills:</b>   |
|---|--|
| Family Volunteer  | Languages: (please specify):   |
| Peer Volunteer  |  |
| Reception Volunteer   | Other talents and skills: (please specify):                                    |
| Housekeeping Volunteer  |  |
| Garden Crew   |  |
| Indoor/Outdoor Maintenance  | Trades: electrical, plumbing, carpentry (please specify):                      |
| Kitchen Volunteer [Hep. A Vaccination]<br>[ please circle: Yes No ]                                   | Do you have Food Safe Level One Certification:<br>please circle: Yes No        |
| Driver (must have clean driver's record)  | Do you have an Unrestricted Class 4 Driver's License:<br>please circle: Yes No |

### Volunteer Opportunities in Abbotsford:

| <b>Opportunities:</b><br>(please specify 1 <sup>st</sup> , 2 <sup>nd</sup> choice): | <b>Skills:</b>                              |
|---|---|
| Office Administration Volunteer   | Languages: (please specify):                |
| Special Events Volunteer  |   |
|   | Other talents and skills: (please specify): |

**Availability** (tick which days and times you would be available for a **regular weekly shift**)

|                  | <b>Sunday</b> | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> |
|------------------|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| Mornings (9-1)   |               |               |                |                  |                 |               |                 |
| Afternoons (1-5) |               |               |                |                  |                 |               |                 |
| Evenings (5-9)   |               |               |                |                  |                 |               |                 |

**Office Use Only**

|  |                                   |
|--|-----------------------------------|
| <b>Placement/Shift Information:</b>  | <b>Date/Time of Interview:</b>    |
| <input type="checkbox"/> Confidentiality Signed <input type="checkbox"/> References Checked<br><input type="checkbox"/> Criminal Records Check | <b>Date Application Received:</b> |

**Education:** (check all that apply)

- High School Graduate     College \_\_\_\_\_ (Year: \_\_\_\_\_)  
 University \_\_\_\_\_ Major: \_\_\_\_\_  
 Graduate degree \_\_\_\_\_ Major: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Employment Information:** I am:     Employed     Unemployed     Student     Retired

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  Full-time     Part-time

My employer offers a donation matching program

**Personal Information:** This information is used only for statistical analysis.

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Gender:**     Female     Male       **Marital Status:**     Married     Single

**Reasons you would like to become a volunteer at Canuck Place?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find out about our volunteer program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed application with attention to:

Karen Carvajal, Canuck Place Children's Hospice,  
 1690 Matthews Avenue, Vancouver, BC, V6J 2T2  
 Fax: (604) 739-4376 or by email to KCarvajal@canuckplace.org

Why do you wish to volunteer in a hospice environment?

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What volunteer experience have you had?

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What professional or other experience have you had that will assist you in the role you are applying for?

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Do you have experience working with children? If yes, in what capacity?

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What (if any) experience have you had participating with children who are physically, mentally or developmentally challenged?

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**Emergency Contact Information:**

|              |   |
|--------------|---|
| Name:        | Home Phone No of Emergency Contact.     |
| Relationship | Business Phone No of Emergency Contact. |

**Medical Information:**

**Please tick any of the following you have had:**

Measles    Mumps    Rubella    Chickenpox

**Have you been immunized for the following:**

MMR    Chickenpox    Tetanus    Diptheria  
 Polio    Hepatitis A    Hepatitis B

Do you have any physical or psychological conditions where there could be the potential for the condition to affect your volunteer role, or that the volunteer office should be aware of:  Yes    No (If yes, please specify below)

**References:** (Please list two people other than relatives who would be willing to serve as personal references. If you are applying to be a family volunteer please attach two written reference letters regarding your suitability for Canuck Place).

|        |                |             |
|--------|----------------|-------------|
| _____  | _____          | _____       |
| (Name) | (Relationship) | (Phone No.) |
| _____  | _____          | _____       |

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