

**Dean Foundation Hospice and Palliative Care Centre**  
**Volunteer Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone: Res: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

Currently Employed? Yes  No

Where \_\_\_\_\_

Please note completed education and any degrees held:

\_\_\_\_\_  
\_\_\_\_\_

Limitations related to health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you suffered any bereavement in the past one year?

Relationship to the bereaved: \_\_\_\_\_

Contact in case of emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How did you hear about Dean Foundation?

\_\_\_\_\_

Have you had volunteering experience?      Yes    \_\_\_\_\_      No    \_\_\_\_\_

List previous volunteering experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate hobbies/special interests:

\_\_\_\_\_

Average hours a week you would like to volunteer    \_\_\_\_\_

Days Available: \_\_\_\_\_

Time available: \_\_\_\_\_

Please give any other information you feel would be pertinent to your application:

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: (please give two references other than family members)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Skills/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the volunteer activities you are interested in from the list provided:

\_\_\_\_\_  
\_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for getting in touch with us. Your efforts will touch many a life