

**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

Employed at _____

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)

1. Name: _____

Address: _____

City: _____ State: _____

Pin Code: _____ Phone: _____

2. Name: _____

Address: _____

City: _____ State: _____

Pin Code: _____ Phone: _____

Additional 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.