



## Volunteer Application Form

**Hospice of Elgin** is more than a place, it's a feeling. It's where compassionate care meets comfort, where families find connection, and where every moment matters. At Hospice of Elgin, we believe that **end-of-life care isn't just about health care it's about how we make people feel**. It's about creating an experience that honours the whole person: their story, their spirit, and the people they love.

We are thrilled that you are considering the valuable gift of your time. Volunteering at Hospice of Elgin is a chance to be part of something meaningful, to walk alongside people during life's most sacred moments, and to help families simply be families again. Whether it's a shared laugh around the harvest table, a sunset by the firepit, or a favourite song played one last time, **we are here to create space for love, comfort, and compassion**. Our **noble purpose** guides everything we do: **We support exceptional care at end-of-life**.

If you believe in the power of presence, compassion, and human connection, we invite you to join us! Hospice of Elgin is committed to fostering a diverse, inclusive, and welcoming environment. We welcome applications from individuals of all backgrounds who believe deeply in our Noble Purpose.

<b>Note:</b> Your application will be kept on file for six months.		<b>Recruit date</b> (YYYY/MM/DD): (Internal use only)	
<b>PERSONAL INFORMATION</b>			
Last Name:		First Name:	Middle Name or Initial:
Home Address:		City:	Postal Code:
Telephone (preferred contact #):	Alternate Contact #:		Email:
<b>EMERGENCY CONTACT</b>			
Name:		Relationship:	Telephone:

<b>VOLUNTEER POSITIONS</b>		
Please select your area(s) of interest. ( <b>Note:</b> Placement in the area(s) selected is not guaranteed.)		
<input type="checkbox"/> Reception	<input type="checkbox"/> Maintenance	Other:
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Gardening	
<input type="checkbox"/> Direct Care	<input type="checkbox"/> Activities	
<input type="checkbox"/> Fundraising/Special Events	<input type="checkbox"/> Board of Directors/Committee	

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St. Thomas, ON  
(519)631-7495



<b>Availability / Preference</b> (Please indicate your availability below)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End Time							
Preference							
Please share your anticipated availability to help us match you with a suitable placement: <input type="checkbox"/> <6 Months <input type="checkbox"/> 6 -12 Months <input type="checkbox"/> 1+ Years <input type="checkbox"/> Away in winter <input type="checkbox"/> Away in summer <input type="checkbox"/> Student							

<b>Experience/Motivation</b>
How did you hear about Hospice of Elgin, and what excites you most about volunteering with us?
What previous work or volunteer experience do you have in the area of interest that you have indicated?
What strengths or qualities do you bring that best support the Hospice of Elgin and our Noble Purpose?
Have you experienced a loss of someone close in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" please explain.)



### Vulnerable Sector Screening

All volunteers must complete a Vulnerable Sector Check to volunteer with Hospice of Elgin.

Are you willing to have a police check? ☐ Yes ☐ No

Do you have any criminal convictions for which you have not received a pardon? ☐ Yes ☐ No

I understand that the information provided in this application to volunteer with Hospice of Elgin is part of a permanent volunteer file and is only available to Hospice of Elgin. The information will be used to complete the volunteer screening process. I certify that all the statements made on this form are true, complete, and correct. I understand that any false information on this application will be cause for termination as a volunteer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Hospice of Elgin is committed to an accessible and equitable recruitment process. If you require accommodation at any stage of the selection process, please contact our People and Culture Coordinator. All accommodation requests will be handled with the utmost confidentiality.

All applications can be emailed to [volunteer@elginhospice.com](mailto:volunteer@elginhospice.com)

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