



REGINA WASCANA GRACE HOSPICE
Volunteer Registration Form



NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: (H) _____ (W) _____

PAST OR PRESENT OCCUPATION : _____

EDUCATION AND TRAINING:

Please describe your previous work experience and training or special interest courses taken: _____

EMERGENCY CONTACT:

Name: _____ telephone: _____

REFERENCE (other than family):

_____ telephone: _____

Relation to you: _____

HOBBIES AND INTERESTS: _____

HAVE YOU EVER VOLUNTEERED BEFORE? Yes: _____ No: _____

If yes, where? _____

AREAS OF INTEREST:

- Companion visitor (one to one visits with residents and families)
- Special Events (seasonal activities, parties, entertainment)
- Bereavement Care Card Program (mailing out sympathy, seasonal cards)
- Welcoming/Reception (offer assistance, answer telephone, direct families/visitors)

AVAILABILITY:

Weekly: _____ Hours per week: _____

Preferred day(s) Mon Tues Wed Thurs Fri Sat Sun

Are you aware of any physical disability or health problems which would prevent you from carrying out certain tasks as a volunteer?

How did you hear about the Hospice Volunteer Program?

Why have you chosen to volunteer in the Hospice?

Have you had any major changes in your life or losses in the past year?

What do you consider to be strengths you may bring as a Volunteer?

What would you consider to be weaknesses you may have as a Volunteer?

How do you handle stress in your life? _____

Volunteer Signature: _____

Date: _____

Approval: _____

Please return the completed form to:
Regina Wascana Grace Hospice
Volunteer Coordinator
50 Angus Rd
Regina, SK S4R 8P6
Call 543-0655 or email lindaost@sasktel.net for more information