



Date: _____

Name: _____ Address: _____

Phone: _____ Postal Code: _____

Cell: _____ E-mail: _____

In case of emergency contact:

Name: _____ Relationship: _____

Phone: _____ Other Phone: _____

May we contact you at work? Yes No Work Phone: _____

What is your preferred method of contact? Home Phone Work Phone Other Phone Email

Volunteer Positions and Preferences

In what area would you prefer to volunteer?

Office Support Community Awareness/Education Fundraising Bereavement Group Facilitation

Other _____

Work Experience and Education

Do you have volunteer experience? Yes No

If yes, please list experience below.

Are you currently employed? Yes No

If yes, where are you employed and in what capacity? _____

What is your highest level of education? _____

<input type="checkbox"/> Reasons for Volunteering
<p>How did you learn about Volunteering at CCHPCS?</p> <p>_____</p> <p>Why would you like to volunteer for CCHPCS?</p> <p>_____</p>

<input type="checkbox"/> Background Information
<p>Have you had experience with the terminally ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had a person close to you die within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any physical or medical restrictions that may affect your function as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please list: _____</p> <p>_____</p> <p>Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please explain: _____</p>

<input type="checkbox"/> Hobbies & Leisure
<p>What hobbies and interests do you have? _____</p> <p>_____</p>

<input type="checkbox"/> Language & Culture
<p>Do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please indicate. _____</p> <p>What cultures are you familiar with? _____</p>

<input type="checkbox"/> Availability & Commitment
<p>What is your availability – describe briefly? _____</p> <p>_____</p> <p>What commitment can you make to volunteering at CCHPCS? (e.g. 1 year)</p> <p>_____</p> <p>I give permission for the sharing of information with CCHPCS staff and Board Members. Additionally, I give consent to be contacted to complete volunteer satisfaction surveys, receive newsletters, emails and other mailings.</p> <p>_____</p> <p>Signature _____ Date _____</p>



References: By providing the references below you consent to CCHPCS contacting them and grant permission for them to provide us with information about you as it relates to the volunteer position you are pursuing with with CCHPCS. All Information will be kept confidential.

1. Work/Volunteer

Name:

Phone Number:

Relationship:

2. Personal

Name:

Phone Number:

Relationship:

**All CCHPCS volunteers must submit a current Police Criminal Information Request form.
All information is confidential and will be placed in your volunteer file.**