

Please **PRINT YOUR INFORMATION CLEARLY** and return completed profile to: The Hub SCHC, 2660 Eglinton Ave. East Scarborough, ON M1K 2S3 Attn: Betty Ann Rutledge, fax to 416-261-0782 or scan & email brutledge@schcontario.ca. If you have questions, please call 416-642-9445 ext. 4418.

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Best number to reach you and/or leave messages: _____ **Text** Yes No

Email address: _____ Major Intersection: _____

I give my consent to be contacted regarding SCHC's Hospice & other programs: Yes No

Volunteer Role – which are you applying for?

- Hospice Palliative Care Home Visitor Hospice Bereavement Care Peer Support Facilitator
 Friendly Visitor Hospice Caregiver Group Facilitator
 Day Hospice volunteer (Wednesdays 8:30am to 12:30pm or 12:30 to 3:30pm)

Your Availability: Daytime Evening Weekends

Personal & Professional Experience

Have you ever had experience:

- Volunteering or working with seniors? Yes No
 Caring for someone with a chronic and/or life-limiting illness? Yes No
 Have you had a person close to you die within the last year? Yes No
If yes, did you seek any kind of bereavement support? Yes No

Please tell us a bit about why you are interested in volunteering in Hospice, Bereavement or Friendly Visiting:

Do you have any **training/education** in: Yes No
 Grief and Bereavement? Yes No
 Hospice/Palliative Care? Yes No
 Group Facilitation? Yes No

If yes, please give details:

Briefly outline your work/volunteer/school experience (or attach resume):

- How did you hear about SCHC?** ANC CHC Community Centre Friend/Family Local Newspaper
 Other Our other locations Our Website Public Library Service User Social Media
 Volunteer Toronto Charity Village Flyer (where?)

Driving

Do you have a valid Driver's License and access to a vehicle and are you willing to drive a client if required?

Yes No *(A copy of your license and up-to-date insurance coverage will be required upon acceptance to our program)*

Background

For purpose of providing the most appropriate service to clients, please tell us a bit about yourself:

What languages, other than English, do you speak/write with ease: _____

Describe your experiences with cultural diversity including spiritual/religious/faith practices related to illness, death, dying and bereavement: _____

What is your age range? Youth (15-19 years) Young Adults (20-29) Adults 1 (30 - 40 years)

Adults 2 (41 - 65 years) Seniors 1 (66 - 75 years) Seniors 2 (76 years and over)

For Hospice & Friendly Visiting what are your hobbies/interests? (i.e. sports, music, crafts, board games).
Please check all that apply.

- | | | | | |
|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Animal Love | <input type="checkbox"/> Crochet | <input type="checkbox"/> Movies/TV | <input type="checkbox"/> Science | <input type="checkbox"/> Walking |
| <input type="checkbox"/> The Arts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Sewing | <input type="checkbox"/> Writing/Scrapbooking |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Drawing | <input type="checkbox"/> Music | <input type="checkbox"/> Singing | <input type="checkbox"/> Yoga (Teacher?) |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Dog Lover | <input type="checkbox"/> Nature/Outdoors | <input type="checkbox"/> Sports | |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Fishing | <input type="checkbox"/> Painting | <input type="checkbox"/> Swimming | |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography | <input type="checkbox"/> Tai Chi (Teacher?) | |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Handy Person | <input type="checkbox"/> Piano Playing | <input type="checkbox"/> Theatre | |
| <input type="checkbox"/> Children | <input type="checkbox"/> History | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Therapeutic Touch (Training Level:) | |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Knitting | <input type="checkbox"/> Reading | <input type="checkbox"/> Traveling | |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Meditation | <input type="checkbox"/> Reiki (Training Level:) | | |

Other (please list) _____

Are you willing to visit a client **with pets**? Yes No Are you willing to visit a client **who smokes**? Yes No

Do you have any **allergies**? Yes No If **yes**, what kind. _____

Do you have any limitations or health issues which may affect your ability to volunteer and that you would like us to consider when placing you in a volunteer position)? _____

Who is your **emergency contact**? (name/relationship/phone #)? _____

*I understand that personal and police reference checks are required for volunteer positions and by signing below, I agree to follow the relevant SCHC policies & procedures. I agree to complete a **Vulnerable Sector police reference check** and I provide the following personal references (name/relationship/phone #/email).*

Reference 1: _____ **Reference 2:** _____

Signature **Date:** _____