Quesnel & District Hospice
Palliative Care Association
BOX 4537, QUESNEL, BC, V2J 3J8 PH: 250-985-5816 FAX: 250-992-5216
Email: info@QDHPCA.org

Palliative Care Volunteer Application

Application Date: _____

Name: _____

Address: _____

_____

Phone number: (Home)_____

(Cell)_____

(Work)_____

Email: _____

Date of Birth: _____

Do you have a valid license to drive? ☐ Yes ☐ No

Do you have access to a vehicle? ☐ Yes ☐ No

Language(s) spoken: _____

Please check all areas of interest to you:

☐ Fundraising

☐ Individual and/or family support of the dying:

☐ GRB Hospital ☐ Dunrovin Park Lodge ☐ Quesnel Hospice

☐ Maple House ☐ Community

☐ Bereavement support

☐ Individual ☐ Family

☐ Other: _____

How did you hear about our volunteer program?

□ Social Media □ QDHPCA Website □ Internet □ Friends/Family
□ Other _____

Can you attend, at minimum, six volunteer education/support meetings a year? □ Yes □ No

Do you have any church or spiritual affiliation? _____

How many hours a week are you available? _____

Do you agree to work under the Volunteer Coordinator? □ Yes □ No

What time of day do you prefer? □ Mornings □ Afternoons □ Evenings

Unavailable days: _____

Why do you want to become a Palliative Care Volunteer? What skills (work, education, volunteering, experiences, etc) do you feel will assist you in being a client care volunteer?

_____

_____

_____

_____

_____

_____

_____

What does helpfulness mean to you? _____

_____

_____

_____

_____

_____

What strengths and limitations do you feel that you have with being a Palliative Care Volunteer?

_____

_____

_____

_____

_____

_____

We would like to get to know you better. Tell us about yourself, such as life history, hobbies and interests.

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_____
_____
_____
_____
_____
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_____

Please tell us about any experiences with death you may have had

_____
_____
_____
_____
_____
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_____
_____

In the past two years, have you had someone close to you die or have you experienced major loss? If so, please explain.

_____
_____
_____
_____

If someone was describing an experience very much like your own, how would you react?

_____
_____
_____
_____

Are there any type of situations, persons, or family that might be difficult for you to work with?

_____
_____
_____

Please describe your support system

How will the people in your support system react to you becoming a Palliative Care Volunteer?

Is there anything else you like to tell us about yourself?

Criminal Records Check

In order to become a direct care Palliative Volunteer, a Criminal Records check must be performed. Have you completed one for this application? □ Yes □ No

References

We require two written letters of reference. Please provide the addresses, phone numbers and email addresses of your references

Name: _____

Address: _____

_____

Phone number: _____

Email: _____

Name: _____

Address: _____

_____

Phone number: _____

Email: _____

I understand that my name and/or photograph may be used for Association purposes. I will support the goals and policies of the Quesnel & District Palliative Hospice Care Association.

Signature: _____

Date: _____

Please return application to:

Email: Suzannah.Meir@NorthernHealth.ca

Mailing Address: QDHPCA (c/o Suzannah Meir)
Box 4537
Quesnel, BC, V2J 3J8