Saugeen Hospice Incorporated
P.O. Box 325, Walkerton, ON N0G 2V0
519-901-7011
askus@saugeenhospice.ca
Registered Charity No. 79270 4504 RR0001

Volunteer Member Application Form

Committed to Compassionate End- of- Life Care

Thank you for your interest in supporting Saugeen Hospice Inc. We appreciate your willingness to contribute to our mission. The Governance Committee reviews all applications and will contact candidates whose experience and interests best match available opportunities.

Applicant Information

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone: Home: _____ Cell: _____ Other: _____

Email Address: _____

Preferred Method of Communication: ☐ Phone _____ ☐ Email

May we share your contact information with other volunteers and staff? ☐ Yes ☐ No

Work Experience *(Please list most recent first.)*

Community & Volunteer Experience *(Please list most recent first.)*

Why are you interested in volunteering with Saugeen Hospice Inc.?

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Volunteer Interests (Please indicate all areas of interest to you.)

Leadership and Community Outreach

- ☐ Board of Directors
- ☐ Fundraising & Community Outreach (supporting hospice events, community booths, public speaking)

Residence Services

Recruitment for these roles will begin closer to our anticipated opening in 2028. We welcome expressions of interest from individuals who would like to volunteer when our doors open. * Some volunteer positions will require specialized training; further details will be shared as our volunteer program develops.

Please note: *Our team will retain your information and reach out as recruitment and training opportunities become available. An immediate response should not be expected.*

Administrative & Organizational Support

☐ general office duties, communications, recordkeeping and other tasks that support the daily operations of Saugeen Hospice.

☐ Reception (Welcoming visitors, answering inquiries, providing directions, and assisting with general reception and administrative tasks.)

Hospitality & Environmental Services

☐ Gardening ☐ Housekeeping ☐ Maintenance

Resident & Family Support

☐ Direct Resident & Family Support

☐ Therapeutic & Enrichment Activities – Music, pet visits, creative arts and other activities that bring comfort, connection and enjoyment to residents and families.

☐ Wellness, Therapeutic & Personal Care Services – Hairdressing, music, pet & complementary therapies; other services that promote comfort, dignity and well-being for residents and families.

Declaration: Please read carefully before signing.

I certify that all information provided in this application, and any accompanying documents, is true, accurate, and complete to the best of my knowledge. I understand that submitting this application does not guarantee acceptance into the Volunteer Program.

Applicant Signature: _____ **Date:** _____