



1 st Contact: _____
Interview: _____
Police Check: _____
Reference Check: _____
Orientation: _____
Input into IA: _____

**Kitchen Helper
Volunteer Application Form**

Last Name: _____ First Name: _____

Age of Majority? yes ___ no ___ Title (please circle): Mr., Mrs., Ms., Other _____

Address: _____ Apt: _____

City: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____ Licence Plate Number: _____

Occupation/Employer: _____

In Case of Emergency Notify: _____ Phone: () _____

How did you hear about Hospice Niagara (e.g. friend, volunteer, website) _____

Goals/reasons for applying: _____

Related Skills and Interests (cooking, cleaning, etc.): _____

Current/Previous Volunteer Work: _____

At what times are you available to volunteer?

Weekdays: Mornings ___ Afternoons ___ Evenings ___

Weekends: Mornings ___ Afternoons ___ Evenings ___

Notes: _____

PLEASE PROVIDE TWO REFERENCES (Non-family)

Name	Relationship to Applicant	Daytime Phone #
_____	_____	_____
_____	_____	_____

This certifies that this application was completed by me and that all the entries and information on it are true and complete to the best of my knowledge. This authorizes Hospice Niagara to check the references I have provided and to conduct a Niagara Regional Police Check. *Please sign and date this application form. All information is kept strictly confidential.*

Signature

Date