

**Revelstoke Hospice
VOLUNTEER FORM**



Society

Last Name		First Name	
Mailing Address		Phone Number	
Postal Code	Email Address	Cell Number	Other Numbers
Please describe your work experience			
Please describe your volunteer experience			
Interests Hobbies			
How did you become interested in Hospice? And why do you wish to volunteer?			
Have you experienced bereavement in the past 2 years. If yes can you tell us about this experience?			
As a hospice volunteer you will experience death. What support systems do you have in place?			

Confidentiality Agreement:

- As a volunteer for the Revelstoke Hospice Society, I understand that I will be exposed to confidential information about clients and their families.
- I recognize that clients' names are confidential, as is any information about them.
- I understand that I may not discuss our clients with my significant other, friends or family, nor will I reveal any information that could lead to identification of the client or their family.
- I understand that a breach of confidentiality may be sufficient reason for termination as a volunteer.

Signature: _____

Date: _____

Thank you for taking the time to fill in this form.