

HOPE & COPE VOLUNTEER APPLICATION

Date of application _____ / _____ / _____ Name of Interviewer _____
year / month / day

1. First name _____ Family name _____

2. Address _____ Apt. _____

3. City _____ 4. Postal code _____

5. Telephone - please circle your preferred number.

home _____ cell _____ work _____ ext. _____

6. E-mail _____ 7. Date of birth _____ / _____ / _____
year / month / day

8. Name of emergency contact: name _____

telephone _____ relationship _____

9. Languages - please indicate if beginner, intermediate or advanced.

Spoken – English beginner intermediate advanced
 French beginner intermediate advanced

Other _____

Written - English beginner intermediate advanced
 French beginner intermediate advanced

Other _____

10. Education: High school Diploma/Certificate University Graduate

11. Are you willing to sign a Judicial Record Declaration form? Yes No

12. Please give the name and phone number of THREE reachable references (either academic, personal or professional) who are not immediate family members or related to you.

Name	Home phone #	Cell phone #	Email	Relationship

13. Please indicate the day/shift you hope to follow (prioritize your 1st and 2nd choice). Note that not all shifts are available for all positions.

Monday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening
Tuesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening
Wednesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening
Thursday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening

Friday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening
Saturday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening
Sunday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> evening

14. Please check the areas in which you are interested in volunteering

Jewish General Hospital

- En Famille Driver
- Oncology/Radiotherapy Clinics
- Hospital Visiting
- Peer Counseling/Mentoring
- Bereavement Program
- Education Committee
- Hospitality Committee
- Palliative Care (Palliative care course required)
- Office (clerical/reception)
- Computers: beginner
 intermediate
 advanced
- Data entry: beginner
 intermediate
 advanced
- Software programs _____

Wellness Centre/Lou's House

- Coping Skills Training
- Self Help Group Facilitator
- Social Media
- Web site development
- Newsletter publication
- Hostess/Host
- Registration
- Office (clerical/reception)
- Computers: beginner
 intermediate
 advanced
- Data entry: beginner
 intermediate
 advanced
- Complementary programs:
 - Relaxation Training
 - Art Therapy
 - Creative Arts
specify _____
 - Energy Work
specify _____
 - Cooking
 - Exercise/gym
 - Physical activities program
 - specify _____

15. Experience and skills

a) Describe your work experience: (if retired, please describe your last employment responsibilities)

b) Describe your volunteer experience: (describe your duties and responsibilities as a volunteer)

c) Do you have any skills or hobbies in the following areas?

- crocheting dancing gardening journaling knitting music painting
- photography quilting story booking story telling
- other- specify _____

16. Motivation:

a) What do you know about Hope & Cope and how did you hear about Hope & Cope?

b) What are your reasons for applying to volunteer in this organization?

17. Please describe the strengths you feel you have for volunteer work at Hope & Cope.

18. Please describe what you feel may be challenges in dealing with a cancer population.

19. Cancer experience:

a) Please indicate if you have had a personal experience with cancer.

Diagnosis _____ Date _____ / _____ / _____
year / month / day

b) Treatment (type of surgery, chemotherapy, hormone therapy, radiation etc.)

c) What was this experience like?

d) Please indicate if you have or had a family member with cancer. Yes No

e) Were you the primary caregiver? Yes No

f) Their diagnosis _____ Date ____/____/____
year / month / day

g) Treatment (type of surgery, chemotherapy, hormone therapy, radiation etc.)

20. Coping:

a) What helped you to cope with the difficult issues related to your personal experiences with cancer?

b) Have you lost a family member or close friend to cancer? Please describe your experience of this loss.

Confidentiality

I will respect the right of the patients and their families to strict confidentiality concerning: the diagnosis, prognosis, family dynamics and any information of a medical, spiritual or psycho-social nature. This information is shared with me as part of a sacred trust and I will divulge none of it to others with the exception of the medical/nursing professionals or professional Hope & Cope staff as it is related to patient care. I acknowledge that the information I provided in this form will be kept in the strictest confidence and will only be used in a manner related to my role as a volunteer.

Training and on-going learning

I will complete the Hope & Cope orientation sessions, the McGill training program for Palliative Care volunteers (if applicable) and attend educational programs and team meetings arranged for volunteers within the department, as part of my commitment to continuous on-going learning.

Commitment

I will commit to this volunteer position for a period of 1 year (unless special arrangements are made with my immediate supervisor). I will only receive a reference letter when I have completed a minimum of 6 months of continuous service.

Respecting the schedule

I will respect the training schedule established for me and then the assigned hours for my designated shift as established in collaboration with the Volunteer Coordinator. I will notify the Volunteer Coordinator of any change of my availability, within a reasonable delay. In some cases, as requested by the coordinator, I will attempt to find a replacement volunteer for my shift.

Name (Please print) _____ Signature _____

Interviewer/Witness _____ Date _____
year / month / day

Please return this form to:

Hope & Cope
Jewish General Hospital
3755 Côte-Sainte-Catherine Road, Room E-730.1
Montreal, QC, H3T 1E2
Tel: 514-340-8255
Fax: 514-340-8605

Email: hopecope@jgh.mcgill.ca