L'ESPOIR C'EST LA VIE
HOPE & COPE

HOPE & COPE VOLUNTEER APPLICATION

Application date	_____/_____/____	**Interviewer (do not fill)**	

Contact information

If you are filling this out in Word, use the Tab key to easily move from one field to the next

Salutation	☐Ms. ☐Mrs. ☐Mr. ☐Dr.		
First name		**Family name**	
Address		**Apt**	
City		**Postal code**	_____
Email			

Telephone	Home: ( ) -	☐
(check primary)	Cell: ( ) -	☐
	Work: ( ) - ext:	☐

Emergency contact	**Name**		
Phone number	( ) -	**Relationship**	

Personal details

Date of birth	/ / YYYY/MM/DD
Gender	☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say
Education	☐ High school ☐ Diploma/Certificate ☐ University ☐ Graduate

Language	**Preferred**	**Spoken**	**Written**
English	☐	☐ beginner ☐ intermediate ☐ advanced	☐ beginner ☐ intermediate ☐ advanced
French	☐	☐ beginner ☐ intermediate ☐ advanced	☐ beginner ☐ intermediate ☐ advanced
Other (specify):	☐		
	☐		

References

Please give the name and phone number of two or 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**

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Availability

Please indicate your availability (1st and 2nd choice). Note that not all shifts are available for all positions.

Monday	☐ a.m. ☐p.m. ☐ evening
Tuesday	☐ a.m. ☐p.m. ☐ evening
Wednesday	☐ a.m. ☐p.m. ☐ evening
Thursday	☐ a.m. ☐p.m. ☐ evening
Friday	☐ a.m. ☐p.m. ☐ evening
Saturday	☐ a.m. ☐p.m. ☐ evening
Sunday	☐ a.m. ☐p.m. ☐ evening

Volunteering interests

Please check the areas in which you are interested in volunteering

Working with the public

** McGill Palliative Care volunteering training course is required.

	Area	What they do
☐	**Oncology/Radiotherapy Clinics**	Assisting hospital staff in ensuring that the clinics runs smoothly, support patients having treatments, promote Hope & Cope programs and services when appropriate.
☐	**Peer Counseling/Mentoring**	Being a phone buddy to someone who has had a similar cancer experience as your own, either as a patient or caregiver.
☐	**Hospital Visiting ****	Visiting hospitalized patients to offer them support and a listening ear.
☐	**Bereavement Program**	Supporting those who have lost a loved one to cancer either in a group format or as a phone buddy.
☐	**Palliative Care ****	Visiting patients in the palliative care ward. Supporting family members.
☐	**Office (clerical/reception)**	Welcoming patients, answering telephone calls, performing clerical tasks.
☐	**Group facilitator**	Animator/Lead for support groups. Previous support group facilitation experience an asset.
☐	**Event support**	Logistics & Events support, Helping out for Hope & Cope open house, annual survivorship day, etc.
☐	**Specialized activities** ***Certification required**	Relaxation training*, art therapy*, creative arts, energy work*, cooking, exercise/gym*, nutrition*
☐	**Research**	Participation in research projects with our scientific director. Research experience required
☐	**Virtual reality**	Helping patients use virtual reality goggles.

Administrative

	Area	What they do
☐	**Committees**	Planning activities, supporting facilitators
☐	**IT/Tech Support**	Troubleshooting system bugs, software development
☐	**Data Entry**	Tracking attendance of support groups, populating database reports, identifying industry trends
☐	**Communication support**	Social media, Weekly newsletter and web site
☐	**Fundraising**	Support for fundraising activities (can be administrative as well as with the public)

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) If you are studying, describe your field of study

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

☐ crocheting	☐ dancing	☐ gardening	☐ journaling
☐ knitting	☐ music	☐ painting	☐ photography
☐ quilting	☐ story booking	☐ story telling	☐ videography
☐ other- specify:			

Motivation:

a) How did you hear about Hope & Cope?

b) What are your reasons for applying to volunteer at Hope & Cope?

Cancer experience

NOTE: This section is optional. We use this information to match you with people who have had a similar cancer experience if you choose to be a peer mentor.

a) Have you had a personal experience with cancer? If not, leave this section blank.

Diagnosis	
Date	/ / YYYY/MM/DD
Treatment type (surgery, chemotherapy, hormone therapy, radiation etc.)	
Did you have children at the time of your diagnosis? If not, leave blank.	
How many children?	
What were their ages?	

b) Have you had a family member or close friend with cancer? If not, leave this section blank.

Diagnosis	
Date	/ / YYYY/MM/DD
Treatment type (surgery, chemotherapy, hormone therapy, radiation etc.)	
Were you the primary caregiver?	☐ Yes ☐ No

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 personal, 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

Term

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.

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 completed form to:
Sandy Lipkus, Coordinator for Volunteers and “En Famille” Program at Hope & Cope
Email: slipkus@jgh.mcgill.ca

Revised April 2025