## Serenity House Hospice Volunteer Application Form

Serenity House Hospice Corporation is looking for dedicated volunteers who are willing to work with the Board of Directors to establish and maintain a hospice for Elgin County. We thank you for your desire to assist your community in this worthwhile endeavor. We look forward to working with you.

Please print clearly:	
Name:	Date:
Address:	
Postal Code:	Telephone #
Occupation:	
Have you any volunteer experience?	
Hobbies & interests special skills you would	like to share
Please list any courses, workshops etc. related to pa	alliative care:
Have you ever suffered a significant loss (a close rel	ation or friend) how long ago?
Why do you want to become a Hospice volunteer?	
Do you have transportation available?	
What times are you available?	
Do you speak languages other than English?	
Are you actively involved in your faith community? _	
<b>Please mail completed application to:</b> Serenity House Hospice PO Box 20172 St. Thomas, Ontario N5P 4H4	