



Hospice Shoppe Volunteer Application Form

Please return to: Hospice Greater Saint John
 385 Dufferin Row Saint John, N.B. E2M 2J9
 Tel: (506) 632-5593 Fax: (506) 632-5592
 E-mail: info@hospicesj.ca Website: www.hospicesj.ca

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

E-Mail: _____ Birth Month: _____

Availability:

The Shoppe is open Monday through Saturday from 10:00 am to 5:00 pm. **Please carefully check off select the day and shift you would be able to commit to on a regular basis.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 10 am – 1:30 pm						
Afternoon 1:30 pm – 5:00 pm						

1. Previous Work Experience (volunteer or paid) and Special Skills or Training:
2. Hobbies/Interests:
3. Have you had cashier experience? Yes (please explain) No
4. Have you had customer service training and/or worked in a previous customer service environment?
 Yes (please explain) No

Hospice Shoppe Volunteer Code of Ethics and Pledge of Confidentiality

I realize that I am subject to a professional code of ethics for the work I do. I acknowledge that I assume certain responsibilities and expect to account for what I do and how I behave.

I promise to take to my work an attitude of open-mindedness and respect for beneficiaries, team and community. I realize I have unique talents and gifts, which I can use to enrich the lives of the people I work with and serve.

I will work at being an active member of the Hospice team and effectively collaborate with all stakeholders and partners. I will value my own contributions as well as the contributions of others. I will act responsibly and work in good faith and with integrity towards the achievements of our goals. I believe that my attitude should be professional; that I have an obligation to my work, to my colleagues, to those for whom it is done, and to the members of the public.

I understand that Hospice work is not to change people, but to be with them where they are. I will not bring personal agendas or missions to my Hospice work. I believe in the purpose and mission of Hospice and will act respectfully, responsibly and prudently as its steward.

I will stay informed about what's going on in the organization and actively work to support Hospice. I will positively represent the organization in the community and publicly support the priorities and activities of Hospice.

I will abide by the direction and decisions of the Executive Director and the Board of Directors and support in a positive manner all actions/decisions made by them. I will refrain from "speaking out of school" and/or speaking negatively regarding any decisions made by management and Board of Directors.

I understand that in the performance of my duties, I must hold information regarding Hospice and The Hospice Shoppe confidential, including financial information. I understand that intentional or involuntary disclosure of confidential information and/or failure to follow approved Hospice policies and procedures may result in my immediate termination. I acknowledge that I have read The Hospice Shoppe Volunteer Handbook and I promise to adhere to the policies and procedures within.

I will resign my position as a volunteer, for any reason, I find myself unable to carry out the above pledge and/or my duties to the best of my abilities.

Signed:

Date:



To Whom It May Concern:

Re: Police Check for The Hospice Shoppe

Hospice Greater Saint John is a community non-profit healthcare charity whose mission is to provide comfort, care and support to people and families facing end-of-life issues.

The Hospice Shoppe is a retail store owned by Hospice Greater Saint John that sells donated new and second hand goods. All proceeds from The Shoppe are used to fund our free community programs and services, including care at our community's new Residential Hospice which is currently under construction.

Part of Hospice's mandate is to have our new volunteers who take our volunteer training program agree to a police record check. Please process a record check for:

Name: _____ Phone: _____

Address: _____

This information will be kept in strictest confidence and stand as part of the volunteer file with Hospice Greater Saint John.

If you have any questions, please contact me at 632-5723 or via e-mail at sjohnson@hospicesj.ca.

Sincerely,

Sandy Johnson, RN
Executive Director