

VOLUNTEER APPLICATION FORM

VOLUNTEER INFORMATION

Full Name:		Mr. / Mrs. / Ms. / Dr. / Miss / Other:	
Address:			
Mobile No.:		Work No.:	
Occupation:		Email:	
Age:			

AVAILABILITY – Please tick time slot that best suits you. You do not need to arrive or leave at the exact times listed. This simply helps us understand your availability and plan better.

DAY \ TIME	AM [8AM-1PM]	PM [1-5PM]	DAY \ TIME	AM [8AM-1PM]	PM [1-5PM]
MONDAY			FRIDAY		
TUESDAY			SATURDAY		
WEDNESDAY			SUNDAY		
THURSDAY			PUBLIC HOLIDAYS		

How much notice do you require before volunteering for a particular task?

VOLUNTEERING – Please tick the type(s) of voluntary work in which you are interested

Event support / Fundraising		Administration (Clerical i.e., data entry, document preparation)	
Others (please specify):			

EXPERIENCE – Please tick the type(s) of voluntary work in which you are interested

Please write about any voluntary work or relevant experience you may have.

SKILLS

Do you have special skills, interests/hobbies which may be of use? Please specify.

Why do you wish to volunteer with Hospis Malaysia?

How did you hear about volunteering for us?

BEREAVEMENT

Whilst many people wish to volunteer to repay Hospis Malaysia for support they have received, we generally feel it is best to wait for a couple of years following a close bereavement, as volunteering at the hospice can often trigger sad emotions.

Have you had a bereavement in the last two (2) years? Please tick one option.	YES		NO	
If yes, please state their relationship to you:				
When did this occur?				
Any further details you would like to add regarding this:				

I hereby certify that the above information is true and complete, and agree that any misrepresentation or deliberate omissions of a material fact on this form may result in my not being permitted to volunteer, or may result in termination of my volunteer services.

Hospis Malaysia is a member of the Asia Pacific Hospice Network (APHN). As such, all persons working in the organisation, either on a voluntary basis or as a member of staff must agree to abide by the Constitution of the APHN. In particular we would like to draw your attention to Article 3 which highlights the Values & Objects of the APHN. Please refer to attached Appendix for Article 3.

Applicant's Signature:

Date:

Please submit completed application form via email to pr@hospismalaysia.org

Your application will be reviewed and is subject to both an interview and approval.

APPENDIX

Values & Objects of the Asia Pacific Hospice Network (APHN), Article 3¹:

VALUES AND OBJECTS

3.1 Values

The Association –

- (a) respects each individual, regardless of race, sex, age, intellectual or socio-economic standing;
- (b) values every moment of life and does not support any action that has the intention of shortening a person's life;
- (c) recognises the importance of the family as the unit of care and care giving;
- (d) believes that the individual and family are entitled to make informed decisions about care;
- (e) respects the confidentiality of all information arising out of the provision of care;
- (f) believes in empowerment of the individual, the family and the community;
- (g) respects the faith, belief system and culture of each individual; and
- (h) respects the rule of law and will work within the law of each country.

3.2 Objects

The objects of the Association shall be to promote the development of hospice palliative care in the Asia Pacific region in accordance with the values of the Association by –

- (a) facilitating the development of hospice palliative care programs and other relevant initiatives;
- (b) promoting professional and public education;
- (c) enhancing communication and dissemination of information;
- (d) fostering research and collaborative activities; and
- (e) encouraging co-operation with other professional and public organisations.