



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Last Aid Volunteer Facilitator Application Form

Thank you for your interest in volunteering with the Last Aid program. CHPCA will screen all applications and will contact you to let you know if your application has been accepted or not.

If you require accommodations or application forms in alternate formats, please let us know. All applications are strictly confidential. **Please provide a resume** (most recent if retired or not currently working).

Background Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Main Telephone Number: _____

Email Address: _____

Age Group: 18-24 25-34 35-55 55+

Gender: _____ Pronouns: _____

Are you currently: Employed Retired Student

Other (Please specify) _____

LinkedIn Profile link (if you have one):



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Volunteer Role

What Last Aid facilitator position are you applying to?

Clinical Facilitator Allied Health Professional/Lived Experience Facilitator Both

Last Aid workshops require two facilitators: one Clinical Facilitator and one Lived Experience Facilitator. Do you have a friend or a colleague you would like to apply with? Yes No

If yes, who is the person you are applying with (please provide first and last name)? _____

Are you interested in:

In-person facilitation Online facilitation Both

Volunteering Interest / Motivation

How did you hear about the Last Aid program?

I took a course

CHPCA website

Word of mouth

Social media

CHPCA newsletter

Volunteer work at local hospice

Provincial Hospice Palliative Care Associations

Other (please specify)



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Why are you interested in facilitating the Last Aid course?

Have you had experience with death and dying, hospice palliative care, caregiving, etc.? If yes, please specify below. **Please note**, we do ask that those who have had a close family member, friend etc., recently die to wait a year before volunteering with the Last Aid Program.

Yes No

What do you hope to gain from your volunteer experience with the Last Aid Program?



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Do you have any physical or medical restrictions/conditions that we should know about/that you will require accommodations for?

Please provide any other information you would like to share.

Work Experience and Education

Please describe your education, skills and abilities that will be beneficial to the Last Aid program.

What languages do you speak, read, or write.

English French Other

Please Specify: _____



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

What do you feel are your greatest strengths as it relates to the facilitator role?

Availability

Please check off the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Time Commitment

Training consists of the Last Aid's facilitator training (completed online, approximately a half-day) Can you commit to a half-day of training?

Yes No

Can you commit to volunteering with the Last Aid program for at least 1 year?

Yes No



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Volunteer Agreement

- ☐ I understand that not all applications will be accepted.

Submission Instructions.

Please save and email a copy of this application along with your resume (most recent if retired or not currently working) to lastaid@chpca.ca

CHPCA will screen all applications and will contact you to let you know if your application has been accepted or not.

All applications are strictly confidential.