



BCBH

British Columbia
Bereavement Helpline

VOLUNTEER APPLICATION FORM 2022

Thank you for your interest in the **BC Bereavement Helpline (BCBH)**. The Helpline, established in 1986, was created to facilitate the provision of care and support to the bereaved and their caregivers of British Columbia, and to ensure that their interests are publicly safeguarded.

Bereavement support is an **Essential Service** and we are continually looking for dedicated Volunteers to work with our team. Please complete the following questions that are optional, however, the more we know about you, the better we can match our positions with your interests. Must be 18+ to apply.

Application Date: _____

Contact Info

Full Name: _____ Pronouns: _____

Preferred Name: _____

Address: _____
Street Address

City Province Postal Code

Primary Phone Number: _____ Email _____

Emergency Contact Info

Full Name: _____ Relationship to you: _____

Phone Number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1.	How did you hear about us?	
2.	Have you worked/volunteered with BCBH previously? (i.e., Volunteer, Member, Partnering Agency etc.)	
3.	Please select your age range:	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50+
4.	What languages do you speak (please only include languages that you have fluent proficiency in)?	<hr/> <hr/> <hr/>
5.	Do you have access to a laptop/computer that runs Windows or macOS software?	<hr/>
6.	Are you willing to consent to a criminal record check?	<hr/>

Availability

1.	What are your other commitments during the time you wish to volunteer?																			
2.	When can you start volunteering at BCBH?																			
3.	Are you able to make a minimum 6-month commitment to volunteer at BCBH?																			
Please mark with an "X" which times of the week you are available to volunteer																				
		<table border="1"> <thead> <tr> <th></th> <th><u>Mon.</u></th> <th><u>Tues.</u></th> <th><u>Wed.</u></th> <th><u>Thurs.</u></th> <th><u>Fri.</u></th> </tr> </thead> <tbody> <tr> <td>AM (9am-1pm)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PM (1pm-5pm)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	AM (9am-1pm)						PM (1pm-5pm)					
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Questionnaire

1. Why are you interested in volunteering at BCBH?

2. What are some of your personal goals for volunteering at BCBH? (Academic, Career, Personal, etc....)

3. What skills or qualities do you have that you believe to be relevant at BCBH?

**4. Do you have any previous experience providing compassionate listening or assisting those in distress?
Please explain.**

5. What education, training, or work experience do you have that would be relevant to work on the Helpline?

6. Please describe a time when you had to be non-judgmental, accepting of another's beliefs, and open-minded.

7. How comfortable are you discussing death, grief, and traumatic losses such as suicide and homicide? Are there any topics that would be a challenge for you to talk about?

***Please note that a minimum of a 6-month commitment to volunteer is requested.**

****Volunteers can ask for a letter of recommendation after 6 months of volunteering. We consider:**

- Ability to provide compassionate listening for the bereaved
- Thoroughness of work
- Attitude and willingness to help
- Attendance and reliability

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation or falsification called for in the application may render this application void and will be cause for termination, whenever discovered.

Sign your Name _____

Thank you for your time to fill out our application. A member of the BCBH will contact you. If you have any questions, please contact the Helpline at **604-738-9950**.

Please Submit to: Coordinator of Volunteers

Email: contact@bcbh.ca
