



**EMPTY ARMS PERINATAL LOSS SUPPORT SERVICES INCORPORATED**  
**APPLICATION FOR ASSOCIATE MEMBERSHIP**

I, \_\_\_\_\_, do hereby apply to become an associate member of Empty Arms Perinatal Loss Support Services Incorporated, effective this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature



## Volunteer Application

Form V-01

### Section A

Application Date \_\_\_\_\_

Volunteer Position Sought (Check off all that apply.)

☐ Photographer ☐ Companion ☐ 1-on-1 Peer Support ☐ General/Fundraising Volunteer ☐ Other

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Education**

Highest Level of Education \_\_\_\_\_

### **Employment**

Current Employer, if applicable

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service)

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What experiences have you had that may prepare you to work as a volunteer in the field of perinatal loss support?

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Why do you want to volunteer?

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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Do you have: a driver's license? ☐ Yes ☐ No

Car insurance? ☐ Yes ☐ No

Car available for transporting others? ☐ Yes ☐ No



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### **SECTION B** PLEASE COMPLETE IF YOU ARE SEEKING A VOLUNTEER POSITION AS A COMPANION

#### **Companion Information**

The best indicator for suitability will be the feedback from families served and hospital staff. On rare occasions, there may be special cases that require us to call upon someone who may not be on call at that time. The information collected may help us determine who may be most suitable in these situations. Please answer truthfully.

Fluent in any other languages?

Prior birth doula experience? Yes No

Doula training and/or certification (if applicable):

Name of Business (if applicable):

Approximate # of Births Attended (if applicable):

Have you ever supported a mother/family during a loss of any kind? (eg. Miscarriage, stillbirth, expected neonatal death, etc.)

Number of Loss Births Attended (if applicable):

Previous interaction with hospital staff on a professional level: If the answer is yes, please indicate, in a general sense, the amicability of that interaction/relationship:

Personal experience with the death of a baby? \*If the answer is yes, please also complete **SECTION D**  
Yes No

Other training and/or experience that may be useful:



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How would you feel supporting a mother/family who has chosen TFMR? (Termination for medical reasons)

Empty Arms, as an organization, remains neutral on the topic of elective abortion. We do not want to alienate those who may benefit the most from our support. Are you comfortable working for an organization that chooses to remain neutral on this topic?

As doulas and companions, we want to ensure that our clients are aware of their choices during labour & delivery, and beyond...as well as the pros and cons of those choices. That being said unless it is the case that we are supporting a CTT family (Carry to Term), chances are we will not meet the family until they have already learned that their little one has died in utero or will not live through (or for long after) birth, and they are being induced or are already in labour. Are you comfortable with giving only a short list of labour & delivery choices and pros/cons? Are you comfortable supporting a family without even having a chance to talk to them about choices during labour & delivery?

More often than not, parents decide they do not want support or services until after baby has been born. Are you comfortable with offering only bereavement companion support and not birth support?

Could you commit to being on call one or two 12-hour blocks a month?

Willing to be called in emergency situations?

Due to the importance of a respectful relationship with the hospital and the Health Region, and potential issues with liability, our volunteers filling the roles of companions, photographers, and/or lactation educators are expected to refrain from attending, **in any capacity**, unassisted homebirths\*. (\*Birth outside of a hospital setting, where there is no registered and licensed midwife present.) Can you commit to not attending, **in any capacity**, any unassisted homebirths, during the upcoming year, while you are considered a volunteer companion/photographer/lactation educator for Empty Arms?



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Is there any other information you would like to share?

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### **SECTION B** PLEASE COMPLETE IF YOU ARE SEEKING A VOLUNTEER POSITION AS A PROFESSIONAL PHOTOGRAPHER

#### **Photographer Information**

The answers to the following questions in no way determine your suitability for the position of an Empty Arms photographer. The best indicator for suitability will be the feedback from families served and hospital staff. On rare occasions, there may be special cases that require us to call upon someone who may not be on call at that time. The information collected may help us determine who may be most suitable in these situations. Please answer truthfully.

Previous professional photography experience? Yes    No

Years of experience (if applicable):

Name of Business (if applicable):

Photography training and/or courses attended (if applicable):

Any other training and/or experience that may be useful?

Do you have any professional photo editing experience? If so, do you have personal access to any professional editing software?

Birth photography experience? Yes    No

Have you photographed any births where a baby has died before, during, or shortly after birth? Yes    No



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Personal experience with the death of a baby? \*If the answer is yes, please also complete **SECTION D**

Yes    No

Could you commit to being on call one or two 12-hour blocks a month?

On days that you may not be on call, would you be willing to be called upon in emergency situations? (Does not mean we expect you to always be available if called.)

Would you feel able to take photographs for a mother/family who has chosen TFMR? (Termination for medical reasons)

Empty Arms, as an organization, remains neutral on the topic of elective abortion. We do not want to alienate those who may benefit the most from our support. Are you comfortable working for an organization that chooses to remain neutral on this topic?

Due to the importance of a respectful relationship with the hospital and the Health Region, and potential issues with liability, our volunteers filling the roles of companions, photographers, and/or lactation educators are expected to refrain from attending, **in any capacity**, unassisted homebirths\*. (\*Birth outside of a hospital setting, where there is no registered and licensed midwife present.) Can you commit to not attending, **in any capacity**, any unassisted homebirths, during the upcoming year, while you are considered a volunteer companion/photographer/lactation educator for Empty Arms?

Is there any other information you would like to share?



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### DISCLAIMER:

Photographers will be expected to photograph various types of loss birth situations, including but not inclusive of: miscarriage/stillbirth at any gestation, babies in their last moments of life, babies born with varying degrees of maceration, visible birth defects, etc. These situations are likely to trigger intense grief and emotional trauma in families and others present.

I have read and understand the disclaimer, and I accept that the situations I may be called upon to photograph can vary greatly, both physically and emotionally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **SECTION D** PLEASE COMPLETE IF YOU ARE SEEKING A POSITION AS A 1-on-1 PEER SUPPORT NETWORK VOLUNTEER

**OR** AS A COMPANION or PHOTOGRAPHER AND HAVE PERSONALLY EXPERIENCED THE DEATH OF A CHILD

Number of losses:

Date of loss(es):

Gestation, or age of baby/babies, at time of loss(es):

Name of baby/babies:

Living children? If so, how many and what ages?

Any experience with primary or secondary infertility?





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Tell your baby's story. With as much detail as you are willing to provide, please share the circumstances surrounding the birth/and death of your baby/babies.



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REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of relationship
1.			
2.			
3.			

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Empty Arms Perinatal Loss Support Services Incorporated ("Empty Arms") that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Empty Arms. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Empty Arms or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

Received By:

Criminal Record Check: