



Thank you for your interest in becoming a Hospice Volunteer. The following information will provide us with a better understanding of your interests and abilities and will help us to best channel your energies and capabilities.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_

Are you currently employed?  Yes, full time  Yes, part time  No

Employer: \_\_\_\_\_ Job Title \_\_\_\_\_

Emergency Contact & Relationship \_\_\_\_\_

Emer. Contact's Phone # \_\_\_\_\_

How did you hear about Good Shepherd Community Care? \_\_\_\_\_

**Have you done volunteer work in the past?**  Yes  No **If yes, please briefly describe:**

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Have you ever experienced any deaths in your own family or of those close to you?  Yes  No  
If Yes, please describe your relationship to the person(s) and when they died:

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Have you experienced a significant loss within the past two years? (i.e. death of a loved one, divorce, job loss, or other)  Yes  No

If yes, please describe how you think this would or would not impact on your work as a hospice volunteer.

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Do you drive?  Yes  No

Do you have a car?  Yes  No

How often would you like to work as a volunteer?

- One or two times a week
- Several times a week
- A few times a month

**Please check the boxes that indicate times you would be available to work as a Hospice Volunteer:**

<b>Day of Week</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**AREAS OF VOLUNTEERING THAT INTEREST YOU** (check or circle all that apply)

**Visiting / Helping Patients and / or their families**

- Friendly visits to patient / family \_\_\_\_\_
- Accompany patient / family on outings \_\_\_\_\_
- Shop for patient / family \_\_\_\_\_
- Run errands for patient / family \_\_\_\_\_
- Read to patient / family \_\_\_\_\_
- Sit with patient/family \_\_\_\_\_
- Letter writing for patient \_\_\_\_\_
- Help patient / family with paperwork \_\_\_\_\_
- Assist at educational events \_\_\_\_\_
- Provide bereavement follow-up phone calls \_\_\_\_\_
- Provide bereavement visits to family \_\_\_\_\_

**Assisting with Office / Administrative work**

- Photocopying, Filing, Mailings, Collating, Recordkeeping, etc. \_\_\_\_\_
- Making outgoing phone calls \_\_\_\_\_
- Typing, Data entry \_\_\_\_\_
- Speak at trainings / workshops, etc. \_\_\_\_\_

**SKILLS AND ACTIVITIES CHECKLIST** (Please check all that apply.)

**Computer skills:**

- Windows for IBM compatible computers \_\_\_\_\_
- Microsoft Excel \_\_\_\_\_
- Microsoft Word Databases \_\_\_\_\_
- Power Point - other graphics programs \_\_\_\_\_
- Other \_\_\_\_\_

**Languages:**

- Language: \_\_\_\_\_  Speak  Write  Translate
- Language: \_\_\_\_\_  Speak  Write  Translate
- Language: \_\_\_\_\_  Speak  Write  Translate

**Special Knowledge / Skills / Interests / Activities**

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**Statement of Interest**

Briefly describe your reasons for wanting to become a hospice volunteer. Please include what you hope to gain from your experiences.

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Please describe any time(s) you have spend with someone who was sick or dying.

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How do you think your beliefs, philosophies, and values relate to hospice work?

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Please share your thoughts on what it might be like for you to work with clients who have different beliefs, philosophies or values.

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Please add any additional information about yourself that you feel might be helpful:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail or email this application to:**

Mindy Sieber, Volunteer Coordinator  
**Good Shepherd Community Care**  
90 Wells Avenue  
Newton, MA 02459

**[msieber@gscommunitycare.org](mailto:msieber@gscommunitycare.org)**

<p><b>Questions?</b> Please contact Mindy Sieber: <a href="mailto:msieber@gscommunitycare.org">msieber@gscommunitycare.org</a> or 617-969-6130</p>
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**Thank You!**