



Integrity  
Dedication  
Compassion  
Stewardship  
Respect

## VOLUNTEER APPLICATION

**Thank you for your interest in becoming a Good Shepherd Community Care Volunteer. The following information will help us understand your interests and abilities and best channel your energies and capabilities.**

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

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

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

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

City, State, Zip \_\_\_\_\_

Are you over 18 years old? ☐ Yes ☐ No Are you a student? ☐ Yes ☐ No

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

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

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

Emergency. Contact Phone # \_\_\_\_\_

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

Have you been a volunteer in the past? ☐ Yes ☐ No

If yes, please briefly list/describe:

\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

**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 volunteer.

\_\_\_\_\_  
\_\_\_\_\_

**Do you drive?** ☐ Yes ☐ No **Do you have a car?** ☐ Yes ☐ No

**How often would you like to work as a volunteer?**

☐ Once a week ☐ More than one time/week

Have you ever served in the military? ☐ Yes ☐ No If yes, what branch? \_\_\_\_\_

Do you have a specific length of time during which you are available to volunteer? (i.e. one semester, or over the summer)? ☐ Yes ☐ No

If yes, please specify \_\_\_\_\_

**Languages, in addition to English:**

Language: \_\_\_\_\_ ☐ Speak ☐ Write ☐ Translate

Language: \_\_\_\_\_ ☐ Speak ☐ Write ☐ Translate

Please check the boxes that indicate times you would be available to volunteer:

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**TYPES of VOLUNTEERING THAT INTEREST YOU MOST** (at this time) (Check ALL that apply)

- |                                                                             |                                                                                                                              |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Visits to Hospice Patients in the Community        | <input type="checkbox"/> Non-Patient-Facing Volunteering (Administrative Projects, etc.)                                     |
| <input type="checkbox"/> Visits to Hospice Patients at Hospice Residence    |                                                                                                                              |
| <input type="checkbox"/> Visits to Pediatric Palliative Patients / Siblings | <input type="checkbox"/> Non-Patient-Visit Support at Hospice Residence (cooking, running errands, welcoming visitors, etc.) |
| <input type="checkbox"/> Sitting Vigil with Patients                        | <input type="checkbox"/> Outgoing phone calls to Patients and Families                                                       |

**AREAS of VOLUNTEERING THAT INTEREST YOU** (Check ALL that apply)

- |                                                                              |                                                                                         |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Visiting / Helping patients and / or their families | <input type="checkbox"/> Provide Non-visit Support at Hospice Residence                 |
| <input type="checkbox"/> Friendly visits to patient / family                 | <input type="checkbox"/> Provide bereavement visits to family                           |
| <input type="checkbox"/> Accompany patient / family on outings               | <input type="checkbox"/> Assist with Office / Administrative work                       |
| <input type="checkbox"/> Shop for patient / family                           | <input type="checkbox"/> Photocopying, Filing, Mailings, Collating, Recordkeeping, etc. |
| <input type="checkbox"/> Run errands for patient / family                    | <input type="checkbox"/> Computer work: Data entry / Online research                    |
| <input type="checkbox"/> Read to patient / family                            | <input type="checkbox"/> Outgoing phone calls to new patients /families                 |
| <input type="checkbox"/> Sit with patient / family                           | <input type="checkbox"/> Provide bereavement follow-up phone calls                      |
| <input type="checkbox"/> Sitting Vigil with patients / family                | <input type="checkbox"/> Other _____                                                    |
| <input type="checkbox"/> Help patient / family with paperwork                |                                                                                         |

**COMPUTER SKILLS** (Check ALL that apply)

- |                                         |                                                                        |
|-----------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Windows        | <input type="checkbox"/> PowerPoint, Canva, or other graphics programs |
| <input type="checkbox"/> Spreadsheets   | <input type="checkbox"/> Electronic Medical Record (EMR) experience    |
| <input type="checkbox"/> Word Documents | <input type="checkbox"/> Google Suite (i.e. Google Drive, Gmail)       |

Other \_\_\_\_\_

**Special Knowledge / Skills / Interests / Activities** (i.e.gardening, hiking, photography)

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## STATEMENT of INTEREST

**Briefly describe your reasons for wanting to become a Good Shepherd Community Care volunteer. Please include what you hope to gain from your experiences.**

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

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**How do you think your beliefs, philosophies, and values relate to hospice/palliative 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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**Interested in Pediatric Palliative Care volunteering?** If yes, please describe your experience working with young people ages 0-23 years old. Additionally, please describe any experience with chronically and/or acutely ill children.

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

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**THANK YOU!**

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

Icy Bradley, Volunteer Program Coordinator  
Good Shepherd Community Care  
160 Wells Ave.  
Newton, MA 02459

**Questions?**

Please contact Icy Bradley via email or phone:  
617-969-6130  
[ibradley@gscommunitycare.org](mailto:ibradley@gscommunitycare.org)