VOLUNTEER APPLICATION

Good Shepherd Community Care

Integrity
Dedication
Compassion
Stewardship
Respect

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 ____

Home Phone #_____ Cell 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 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

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

If yes, please specify: _____

Any languages, in addition to English:

Language: _____ ⬜ Speak ⬜ Write ⬜ Translate

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

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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

- ⬜ Hospice Patients in the community
- ⬜ Hospice Patients at a Hospice Residence
- ⬜ Pediatric Palliative Patients
- ⬜ Non-Patient-Facing Volunteering (Administrative Projects, etc.)

AREAS OF VOLUNTEERING THAT INTEREST YOU (Check 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

⬜ Sitting Vigil with patients/family

⬜ Letter writing for patient

⬜ Help patient / family with paperwork

⬜ Assist at educational events

⬜ Provide bereavement visits to family

⬜ Assisting with Office / Administrative work Photocopying,

⬜ Filing, Mailings, Collating, Recordkeeping, etc.

⬜ Typing, Data entry

⬜ Make outgoing phone calls to new patients and families

⬜ Provide bereavement follow-up phone calls Other

_____

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

⬜ Computer skills that you are comfortable using:

⬜ Windows

⬜ Spreadsheets/Word Documents

⬜ PowerPoint, Canva, or other graphics programs

⬜ Electronic Medical Record (EMR) experience Google Suite (i.e. Google Drive, Gmail)

Other _____

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

_____

_____

_____

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.

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

If interested in Pediatric Palliative Care volunteering, 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.

_____

_____

_____

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

_____

_____

_____

_____ _____

Signature **Date**

THANK YOU!

Please mail or email this application to:

Genevieve DeWalt, Volunteer Program Coordinator

Email: GDeWalt@GSCommunitycare.org

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