



Grief Support Volunteer Application

Please complete this application and return it to:

Grief Support Program
Hospice of Santa Cruz County
940 Disc Drive
Scotts Valley, CA 95066
Fax: 831-430-9081

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone#: _____ Work: _____ Cell: _____

Email address: _____

How did you hear about the Grief Support Volunteer opportunity? _____

Education: (please check)

High school graduate

Some college

College graduate

Post graduate work

Field of study: _____

Are you currently in school? (Please check)

Yes, full time Yes, part time No

Do you plan to return to school in the near future? Yes No

Are you currently employed? (Please check)

Yes, full time Yes, part time No

If yes, name of employer: _____

Job Title: _____

If not, do you plan to work in the near future? Yes No

How would you describe your general health? _____

Have you ever had a communicable disease that could now be a potential risk to a client? Yes No

If yes, please describe: _____

Do you have any condition that makes you at high risk for contracting a communicable disease? Yes No

If yes, please elaborate: _____

How much time do you have to volunteer each week? _____

When during the week are you available?

Weekday daytimes Weekday evenings Weekends

Please specify any details: _____

Within Santa Cruz County, where are you willing to see clients?

North County Mid County South County Other: _____

What transportation will you use to visit clients or attend groups? _____

What types of grief support would you like to do? (Check all that apply.)

Children Teens Adults Seniors

Individual support Group Support Crisis support

Please specify any details: _____

Do you speak any other languages? Yes No

Specify languages and proficiency: _____

Do you have friends or relatives who have been involved with hospice or grief support work? Yes No

If so, who? _____

Please answer the following:

- 1) Describe any related experience, including other volunteer work:

- 2) Have you attended any related classes, conferences or workshops?

- 3) Do you have special experience working with children, teens, or seniors?
Please describe.

- 4) What are your sources of emotional support?

- 5) What do you think are the most important ways to help people who are in trouble or close to you?

- 6) What kinds of situations or people might be most difficult for you?

- 7) Explain what you hope to contribute through your grief support work.

- 8) Have you recently experienced a death or other major loss? If so, when?

- 9) Please briefly describe your experience with death and dying.

We require two references. Please list **names and contact information** for two people whom we may contact. Please avoid family members and include at least one person who has supervised you in a work/volunteer role.

Name: _____
Address: _____
Phone: _____ E-mail: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____ E-mail: _____
Relationship: _____

Applicant Signature

Date