Grief Support Volunteer Application

HOSPICE
OF SANTA CRUZ COUNTY

Please complete this application and return it to:

Grief Support Program
Hospice of Santa Cruz County
940 Disc Drive
Scotts Valley, CA 95066
griefsupport@hospicesantacruz.org
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 travel?

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.)

Bereavement calls ☐ Group Facilitation ☐ Events ☐

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 in a counseling or grief setting? 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