



HOSPICE VOLUNTEERS OF HANCOCK COUNTY
Bereavement Training Application



Please print

Date application completed

It is the policy of Hospice of Hancock County to provide services to clients free from all types of abuse. Volunteers who work directly with adult clients or children must provide information for a background check. The following information is needed to complete a comprehensive background check.

Name Home Phone

Mailing Address Town Zip Code

Social Security Drivers License Expiration Date

E-mail Address FAX

What is the best time to reach you?

Birth Date Sex Spiritual Practice

In case of emergency, notify

Relationship Phone

Employment information ~ If you are retired, please indicate and list former employers.

Name of Present / Past Employer

Mailing Address Town Zip Code

Work Phone Can you be contacted at work? Yes No

Position/Title How long have you been in this position?

Previous Employer

Mailing Address Town Zip Code

Educational Background and Extended Training

Name

Degree

School

College

Extended Training

Our state license requires us ask if you have ever been investigated/convicted of a felony, moral or ethical crime? Yes No if yes, please explain:

Describe any volunteer service you have given in the past or are involved in at this time, giving organization names and dates of service.

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Do you have any physical limitations, disabilities, or chronic health problems that would effect your work as a volunteer facilitator? \_\_\_\_\_

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How did you learn about the Hospice facilitator training? \_\_\_\_\_

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Why do you wish to take the facilitator training? \_\_\_\_\_

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At the end of the training the Bereavement Services Coordinator will make recommendations for the placement of potential volunteers in the *Caring Hearts Bereavement Program*. Are you planning to be a volunteer facilitator or are you are taking the training to help bereaved family or friends?

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Is there another reason why you wish to complete this training? \_\_\_\_\_

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Are you away during significant times of the year? \_\_\_\_\_

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Because of the nature of hospice work, it is important for volunteers to physically, emotionally and spiritually to take care of themselves. How do you take care of yourself in each of this areas? Be specific.

*Physically* \_\_\_\_\_

*Emotionally* \_\_\_\_\_

*Spiritually* \_\_\_\_\_

Are you an extrovert or and introvert? \_\_\_\_\_

Do you feel you are good listener? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why?

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Do you feel you are good communicator? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why? \_\_\_\_\_

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What is your greatest strength? \_\_\_\_\_

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What is your greatest weakness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you do for fun that brings you a lot of joy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you recently experienced a joyful occasion? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Significant Losses**

<u>Name</u>	<u>Relationship</u>	<u>Date of Death</u>	<u>Cause</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Losses or traumatic changes:

Home \_\_\_\_\_ Financial \_\_\_\_\_ Pet \_\_\_\_\_ Change of job \_\_\_\_\_  
Divorce \_\_\_\_\_ Health \_\_\_\_\_ Fire \_\_\_\_\_ Accident \_\_\_\_\_  
Separation \_\_\_\_\_ Witnessed violence \_\_\_\_\_ Surgery \_\_\_\_\_  
Estrangement of a family member or friend \_\_\_\_\_

Other traumas \_\_\_\_\_  
\_\_\_\_\_

What helped you deal with any of the above losses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever spent time with a bereaved person? Describe your experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in a support group? Describe your experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you feel you would bring to the Bereavement Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three references, other than family, we may contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ How long? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Code \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ How long? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

There is a \$50.00 fee for this course, which covers the cost of a book and facilitator bereavement manual. Please include the fee with this application. It will be refunded to you if you decide not to pursue training. A certificate of attendance noting 30 contact hours will be provided for individuals who complete training

**FOR OFFICE USE ONLY:**

Application received: \_\_\_\_\_  
\$50.00 Training fee received: \_\_\_\_\_  
Personal interview: \_\_\_\_\_  
Accepted for training: \_\_\_\_\_  
Exit Interview after Training: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_