



HOSPICE VOLUNTEERS OF HANCOCK COUNTY

Bereavement Training Application for Professionals



Date application completed _____

Name _____ Home Phone _____

Mailing Address _____ Town _____ Zip Code _____

E-mail Address _____ What is the best time to reach you? _____

Sex ___ F ___ M In case of emergency, notify _____

Relationship _____ Phone _____

Employment information

Name of 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? _____

Educational Background and Extended Training

Name

Degree

School _____

College _____

Extended Training _____

How do you take care of yourself in each of these areas? Be specific.

Physically _____

Emotionally _____

Spiritually _____

Are you an extrovert or an introvert? _____

Do you feel you are a good listener? Yes ___ No ___ If yes, why? _____

2.

Do you feel you are a good communicator? Yes _____ No _____ If yes, why? _____

What is your greatest strength? _____

What is your greatest challenge? _____

How does this training relate to your professional work? _____

Is there a specific skill you would like to enhance through the bereavement training classes?

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? _____

3.

Please list two 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 _____
Relationship to applicant _____ How long? _____

Signature of Applicant

Please include the fee of \$150.00 with this application. A certificate of attendance noting 18 contact hours will be provided for individuals who complete the training.

FOR OFFICE USE ONLY:

Application received: _____
\$150.00 Training fee received: _____
Personal interview: _____
Accepted for training: _____
Exit Interview after Training: _____

Additional comments: _____

