



# HOSPICE VOLUNTEERS OF HANCOCK COUNTY

## Bereavement Training Application



**Please print**

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

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 employer. \_\_\_\_\_

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? \_\_\_\_\_

### Educational Background and Extended Training

Name

Degree

School \_\_\_\_\_

College \_\_\_\_\_

Extended Training \_\_\_\_\_

Our state license requires us to complete a background check on those who will be providing direct care to our clients. Have 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. \_\_\_\_\_

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

2.

How did you learn about the hospice bereavement training?

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Why do you wish to take the bereavement 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 bereavement support volunteer or are you taking the training to help bereaved family or friends?

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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. Please describe how you receive support and care in these areas.

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

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

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

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 challenge? \_\_\_\_\_

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

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3.

What are your expectations for this training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_ How long? \_\_\_\_\_

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

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

There is a \$75.00 fee for this course, which covers the cost of a background check, 2 books and training materials. 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 24.5 contact hours will be provided for individuals who complete training

**FOR OFFICE USE ONLY:**

Application received: \_\_\_\_\_  
 \$75.00 Training fee received: \_\_\_\_\_  
 Personal interview: \_\_\_\_\_  
 Accepted for training: \_\_\_\_\_  
 Background check: \_\_\_\_\_  
 Exit Interview after Training: \_\_\_\_\_

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