

Thank you for your interest in becoming a Good Shepherd Community Care Volunteer. The following information will help us understand your interests and abilities and best channel your energies and capabilities.

Last Name _____ First Name _____ Middle Initial _____

Cell Phone # _____ Home Phone # _____

Best Email Address _____

Street Address _____

City, State, Zip _____

Are you over 18 years old? Yes No Are you a student? Yes No

Are you currently employed? Yes, full time Yes, part-time No

Employer: _____ Job Title _____

Emergency Contact Name & Relationship _____

Emergency Contact Phone # _____

How did you hear about Good Shepherd Community Care? _____

Have you been a volunteer in the past? Yes No

If yes, please briefly list/describe:

Have you ever experienced any deaths in your own family or of those close to you? Yes No

If Yes, please describe your relationship to the person(s) and when they died:

Have you experienced a significant loss within the past two years?

(i.e. death of a loved one, divorce, job loss, or other)

Yes No

If yes, please describe how you think this would or would not impact on your work as a volunteer.

Do you drive? Yes No **Do you have a car?** Yes No

How often would you like to work as a volunteer?

Once a week More than one time/week

Have you ever served in the military? Yes No If yes, what branch? _____

Do you have a specific length of time during which you are available to volunteer? (i.e. one semester, or over the summer)? Yes No

If yes, please specify _____

Languages, in addition to English:

Language: _____ Speak Write Translate

Language: _____ Speak Write Translate

Please check the boxes that indicate times you would be available to volunteer:

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TYPES of VOLUNTEERING THAT INTEREST YOU MOST (at this time) (Check ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Visits to Hospice Patients in the Community | <input type="checkbox"/> Non-Patient-Facing Volunteering (Administrative Projects, etc.) |
| <input type="checkbox"/> Visits to Hospice Patients at Hospice Residence | <input type="checkbox"/> Non-Patient-Visit Support at Hospice Residence (cooking, running errands, welcoming visitors, etc.) |
| <input type="checkbox"/> Visits to Pediatric Palliative Patients / Siblings | <input type="checkbox"/> Outgoing phone calls to Patients and Families |
| <input type="checkbox"/> Sitting Vigil with Patients | |

AREAS of VOLUNTEERING THAT INTEREST YOU (Check ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Visiting / Helping patients and / or their families | <input type="checkbox"/> Provide Non-visit Support at Hospice Residence |
| <input type="checkbox"/> Friendly visits to patient / family | <input type="checkbox"/> Provide bereavement visits to family |
| <input type="checkbox"/> Accompany patient / family on outings | <input type="checkbox"/> Assist with Office / Administrative work |
| <input type="checkbox"/> Shop for patient / family | <input type="checkbox"/> Photocopying, Filing, Mailings, Collating, Recordkeeping, etc. |
| <input type="checkbox"/> Run errands for patient / family | <input type="checkbox"/> Computer work: Data entry / Online research |
| <input type="checkbox"/> Read to patient / family | <input type="checkbox"/> Outgoing phone calls to new patients /families |
| <input type="checkbox"/> Sit with patient / family | <input type="checkbox"/> Provide bereavement follow-up phone calls |
| <input type="checkbox"/> Sitting Vigil with patients / family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Help patient / family with paperwork | |

COMPUTER SKILLS (Check ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Windows | <input type="checkbox"/> PowerPoint, Canva, or other graphics programs |
| <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Electronic Medical Record (EMR) experience |
| <input type="checkbox"/> Word Documents | <input type="checkbox"/> Google Suite (i.e. Google Drive, Gmail) |

Other _____

Special Knowledge / Skills / Interests / Activities (i.e.gardening, hiking, photography)

STATEMENT of INTEREST

Briefly describe your reasons for wanting to become a Good Shepherd Community Care volunteer. Please include what you hope to gain from your experiences.

Please describe any time(s) you have spent with someone who was sick or dying.

How do you think your beliefs, philosophies, and values relate to hospice/palliative work?

Please share your thoughts on what it might be like for you to work with clients who have different beliefs, philosophies or values.

Interested in Pediatric Palliative Care volunteering? If yes, please describe your experience working with young people ages 0-23 years old. Additionally, please describe any experience with chronically and/or acutely ill children.

Please add any additional information about yourself that you feel might be helpful:

Signature

Date

THANK YOU!

Please mail or email this application to:

Christine Resmini, Volunteer Program Assistant
Good Shepherd Community Care
160 Wells Ave., Newton, MA 02459

Questions?

Please contact Chris Resmini via email or phone:
617-969-6130
cresmini@gscommunitycare.org