



Jewish  
Family and  
Children's  
Services

OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES

**Please note: We recommend that you give yourself 20 minutes or more to complete the application. You can save and return to this application as often as you like, provided you use the same computer.**

1. Date

Today's Date

MM/DD/YYYY

\* 2. Contact Information:

Name

Street Address

City

Zip Code

Email Address

Best Phone Number to  
Use

Other Phone Number(s)

Date of Birth

\* 3. How did you hear about this program?

- Flyer
- Advertisement
- Email
- Web
- Friend
- Synagogue

Other (please specify):

\* 4. What is your occupation/course of study? Please describe your place of work.

\* 5. Are you presently working/studying?

- Full-time
- Part-time
- Self-employed
- My hours are flexible

Other (please specify):



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New volunteers will be asked to make a one-year commitment to volunteer with a matched client once a week and to attend a support group meeting one evening of each month. Volunteer times are typically two hours per week, but they may vary depending on assignment and volunteer's availability.

Please answer all of the following questions:

\* 6. Do you have previous volunteer experience? Please describe.

\* 7. What do you look for in a volunteer experience?

\* 8. What is your understanding of Palliative Care?

\* 9. What do you personally hope to gain by being a Palliative Care Volunteer? Do you have any specific expectations of this volunteer experience?

10. Do you have special skills (such as health care, counseling, bodywork, foreign languages, cooking, art, music, etc.) that you think might be helpful?



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\* 11. Do you have a faith tradition and/or a spiritual practice? Please describe.

\* 12. Are you comfortable discussing or sharing your spiritual/religious beliefs?

Yes

No

If not, please describe what makes it uncomfortable for you.

\* 13. Describe your personal experience with death, dying or grief.

\* 14. We work with people at varying stages of illness and decline. Describe how it might feel working with people with serious physical limitations, altered appearances or suffering from different stages of dementia.

\* 15. What do you anticipate the challenges to be for you as a volunteer?

\* 16. It is important for volunteers to have good emotional support in their own lives. What are the sources of emotional support for you?



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17. Would you be willing/able to drive a client in your car?

- Yes
- No
- Don't Have a Car

18. Please specify the times that you may be available to volunteer:

	Morning	Afternoon	Evening
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Which of the following blocks of time might you be available to come in to our San Francisco office for an interview:

Monday mornings	<input type="checkbox"/>
Monday afternoons	<input type="checkbox"/>
Tuesday mornings	<input type="checkbox"/>
Tuesday afternoons	<input type="checkbox"/>
Wednesday mornings	<input type="checkbox"/>
Wednesday afternoons	<input type="checkbox"/>

If you cannot interview during one of these slots, please specify alternate times during the week:



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\* 20. Please list the name and contact information for two references:

1. Name

Email Address

Phone

Relationship

2. Name

Email Address

Phone

Relationship

21. Do you have any additional thoughts you'd like to communicate? Please use this space for additional comments.



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Thank You!

Thank you for your interest in becoming a part of our palliative care volunteer community! We appreciate the time and thought you have put in to completing this application.

Once you submit the application (please remember to click the "Done" button below), we will follow up with you to set up an individual interview in our San Francisco office. In the meantime, if you have any questions, please contact:

**Rabbi Daniel Isaacson**  
*Director of Spiritual Care Services*  
2150 Post Street  
San Francisco, CA 94115

[palliative\\_volunteer@jfcs.org](mailto:palliative_volunteer@jfcs.org)  
v: 415-449-3879  
[www.jfcs.org](http://www.jfcs.org)