



Benincasa Caregiver Application

Name:

Date:

Address:

City:

State:

Zip:

Email Address:

Phone: (home)

(work)

Can we call you at work? yes/no

Date of Birth: (month & day only!)

Occupation:

Current Employer:

Address:

Have you ever been a volunteer before? yes no

If yes, what types of volunteer work were you involved in?

Why do you wish to serve as a volunteer at Benincasa?

What strengths, services or talents can you share?

How recently have you had someone close to you die?

please turn over

Describe your experiences with death and dying.

Describe any fears you have about working with the terminally ill.

How did you hear about Benincasa?

How many hours per month can you volunteer? _____

References:

1. Name:
Address:
Phone:

2. Name:
Address:
Phone:

3. Name:
Address:
Phone:

I agree to respect the privacy of our residents and will not discuss them, their diagnoses or events at Benincasa with the community.

Caregiver Signature

Thank you! Please return application to:
Benincasa, Inc.
3880 Rush Mendon Road
Mendon, New York 14506
(585) 624-8070

email: benincasa@benincasainc.org
website: www.benincasainc.org