



## Benincasa Volunteer/Care-giver Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Phone: (h): \_\_\_\_\_ (w) \_\_\_\_\_

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?

---

---

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  
3880 Rush Mendon Road  
Mendon, New York 14506  
(585) 624-8070  
email: [benincasa@frontiernet.net](mailto:benincasa@frontiernet.net)

<b>Office Use Only</b>
Cyndi _____
Beverly _____
Connie _____
Lori _____