

Every Day a Gift Life Navigator Application

Last Name _____, First Name _____

Date of Birth (example 02/16/1956) ____/____/____

Street Address _____, City _____

State _____, Zip Code _____

Home Phone Number with area code ____-____-____

Work Phone with area code ____-____-____

Is it okay to call while at work? Y or N

Cell Phone with area code ____-____-____ Do you text? Y or N

Email _____

What is your preference for contact?

What has drawn you to want to be a Life Navigator?

Have you ever worked with terminally ill patients before? Where? _____

Have you ever worked in a health care setting before? (Please note that this is not a requirement, but being familiar with medical jargon does help.) If so where?

Have you ever counselled individuals before, either in a clinical setting or as a spiritual advisor? If so where? _____

What gifts do you have that you think would make you a good Life Navigator?

Every Day a Gift Life Navigator Application Cont.

Have you ever worked for the County of Santa Cruz as a Social Worker, or in a capacity where you helped individuals navigate the social system? Y or N If so, for whom and when was this? _____

What are your personal beliefs about what happens after the death of our physical body? _____

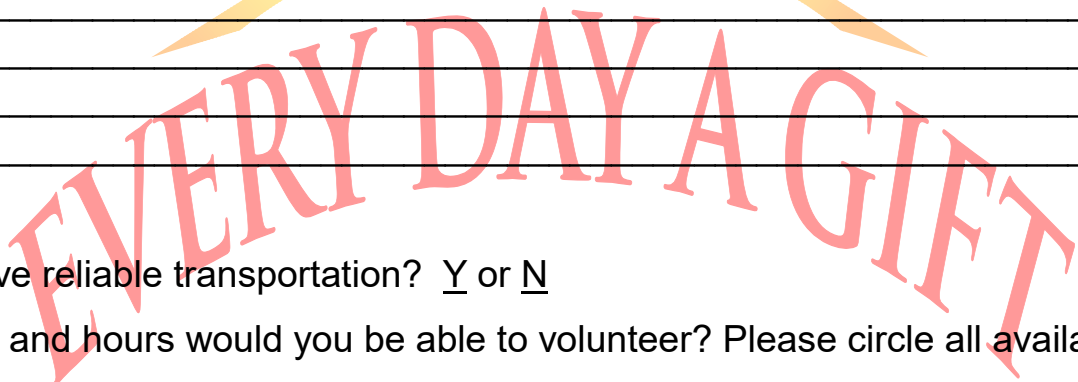
Do you have any religious affiliation? _____

Are you active in your faith? _____

Do you serve within your spiritual community? _____

Have you ever had a Life Scan performed on you? Y or N If so, for whom and when was this performed? _____

Have you ever had a felony conviction? Y or N If you answered yes, please explain



Do you have reliable transportation? Y or N

What days and hours would you be able to volunteer? Please circle all available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Signature _____ Date _____