## End of Life Contemplation and Care Two-Day Workshop

Two consecutive Saturdays:

January 29<sup>th</sup> and February 5<sup>th</sup>, 2011

9:00 AM to 5:00 PM

at

Insight Meditation Center

108 Birch Steet

Redwood City, CA

## Participant Registration:

Please return your completed application by no later than January 24<sup>th</sup>, 2011 By email to: eolctraining@gmail.com

By mail to: David Cohn, 1432 Montero Avenue, Burlingame, CA 94010

Thank you for enrolling in this two-day workshop. Your answers to the following questions will help prepare you for this workshop and will help us to get to know you better, too. We encourage you to give your sincere and thoughtful attention to completing this application. If you have any questions, please don't hesitate to email us at eolctraining@gmail.com or you can reach us by phone at 408-255-2783.

Email:	
Name:	
Address:	
City:	
Telephone:	

1.	Attendance at both days of this two-day workshop is expected. Will you be at to attend both days?	
	<ol> <li>Yes ()</li> <li>No () If you will not be able to participate in <i>any</i> portion of the two-day workshop, please state your reasons below and someone will contact you.</li> </ol>	
2.	The EOLC (End of Life Companions) committee is in the planning stage of establishing a volunteer EOLC program at IMC. This two-day workshop is a <i>pre requisite</i> for becoming a volunteer in the program being developed. Are you interested in becoming an EOLC volunteer for such a program?	
	1. Yes () 2. No ()	
3.	What is your occupation or course of study?	
4.	Do you have end-of-life care or hospice experience?	
	1. Yes ( ) If yes, please briefly describe:	
	2. No ()	
5.	Have you recently experienced a loss through death? If yes, please briefly describe:	
6.	Have you spent time with someone who is very sick or dying? If yes, please briefly describe:	

(Please tell us why you want to take this training. Giving thoughtful and sincere attention to all of the following questions will help you explore your feelings and intentions in relation to this subject. Please don't skip any of the questions. If you need more room to answer, feel free to continue on another page and attach it to this document.)

7.	What are your impressions or understanding of end-of-life care and/or contemplation?
8.	How do you envision using the training from this workshop in your work or personal life?
9.	Please describe any personal experience with serious illness (your own or that of someone close to you) and its effect on you.
10.	Please describe your personal experience with grief and your feelings about the process of grieving.
11.	How do you feel about the time and energy that you'll be investing in this two-day workshop?

12.	Please share any additional thoughts that have come up for you while completing
	this document or if there is anything else you'd like us to know about your
	personal circumstances.

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Thank you for completing this application. We sincerely appreciate the time and effort that you invested in this process.