



Hospice Patient/Family Volunteer Application Form

Please return to: Hospice Greater Saint John
385 Dufferin Row Saint John, N.B. E2M 2J9 Tel: (506) 632-5593 Fax: (506) 632-5592
E-mail: info@hospicesj.ca Website: www.hospicesj.ca

HOSPICE PALLIATIVE CARE TRAINING IS MANDATORY FOR ALL PATIENT AND FAMILY VOLUNTEERS AND ALL SESSIONS MUST BE ATTENDED.

APPLICANTS ARE NOT GUARANTEED ACCEPTANCE INTO THE PROGRAM.

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

E-Mail: _____

Are you currently: Employed Retired Student Other

1. Previous Work Experience (volunteer or paid) and Special Skills or Training: You may submit your resumé if preferred.

2. Hobbies/Interests:

3. Why do you want to be a Hospice volunteer?

4. What do you view as the strengths you bring to this work?

In what areas of Hospice would you like to volunteer?

- Residential Hospice Care Team** – work alongside the nursing staff to provide non-medical care and support to palliative patients and families in our new 10-bed Residential Hospice
- Food Services** – assist our cooks in preparing food for patients and bake for families

- House, Grounds & Garden Team** – help out with duties at the Hospice House – housekeeping, cleaning, home repairs, gardening, lawns, snow clearing, etc.
- Complimentary Therapy Team** – donate your professional expertise in Massage, Therapeutic Touch, Reiki, Music, Art, etc. to the Residential Hospice
- Grief Support Team**—Work with our professional staff in our Grief Support Groups and support people to heal

When are you available to volunteer with Hospice? **We ask that you to identify one four-hour block that you can regularly devote to Hospice. Please check below.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full days (8 to 4)							
½ days – Morning (8- 12)							
½ days – Afternoons (12-4)							
Evenings (4 – 8 p.m.)							
Occasional/ On-Call							

Do you have any physical or medical restrictions/conditions that may affect your function as a Hospice Volunteer? (i.e. allergies, back, poor vision, or hearing etc.)

Yes (if yes, please describe) No

Have you experienced any deaths in your family or those close to you? Yes No

If yes, what did you learn from this experience?

Do you feel you are ready to help others deal with death and dying and/or support our work?

Yes No

Please provide two references:

Name of Reference _____ Phone _____ Business Personal

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In case of emergency, who do you wish us to contact on your behalf?

Name: _____ Phone Number _____ Relationship: _____

Volunteer Code of Ethics and Pledge of Confidentiality

As a volunteer with Hospice, I realize that I am subject to a code of conduct. I acknowledge that I am assuming certain responsibilities and expect to be held accountable for what I do and how I behave. As a member of the Hospice team, I pledge to:

1. Always act for the good of the Hospice by understanding and supporting the mission, purpose, goals and activities; by attending meetings and events; by using personal expertise, skills and experience to benefit Hospice; and, by speaking positively about the organization, the Board of Directors, and the CEO both within and outside its walls.
2. Take to my work an attitude of open-mindedness and respect for others. I realize I have unique talents and gifts, which I can use to enrich the organization. I will work at being an active member of the Hospice team and will value my own contributions as well as the contributions of others. I will act responsibly and work in good faith with respect and integrity towards the achievements of the Hospice mission and goals. I will abide by the Respectful Workplace Policy.
3. Come prepared to discuss the issues and make positive recommendations regarding the business to be addressed at scheduled meetings, having read the agenda and all relevant background material made available to me prior to the meeting. I will obey Hospice meeting guidelines and parliamentary procedures and display courteous conduct in all meetings and in communication with other volunteers, staff and supporters.
4. Listen carefully to and respect the opinions of peers, volunteers, staff and supporters at all times and to leave my personal prejudices out of all organizational discussions. I understand that Hospice work is not to change people, but to be with them where they are. I will not bring personal agendas or missions to my Hospice work. I believe in the purpose and mission of Hospice and will act respectfully, responsibly and prudently as its steward.
5. Abide by the direction and decisions of the CEO, my manager and the Board of Directors and support in a positive manner all actions/decisions made by them. I will refrain from “speaking out of school” and/or speaking negatively regarding decisions made by the CEO, management and Board of Directors of the organization.
6. Bring concerns and recommendations forward directly to my manager and/or the CEO soon as an issue arises. Issues will be presented with fairness and on a factual basis. I commit to working with my manager and the CEO to mutually resolve all issues in an effective manner.
7. Avoid conflicts of interest between my position as a staff and my personal life. There is a conflict when a staff’s interest or potential for personal or financial gain in a business, corporation or other organization conflicts with their duty to act in the best interest of Hospice.

If such a conflict arises whether an actual conflict, potential conflict or the appearance of conflict, I will declare that conflict to the executive director and remove myself from discussions and not attempt to influence the outcomes of the decision-making on matters in which I have a conflict.

8. Hold all business information gained in any way as confidential unless specific permission is given to release the information, or unless the information is public knowledge and to seek the direction of my manager and/or the CEO if uncertain about whether information may be discussed.

- 9. I understand that in the performance of my duties as a patient/family volunteer of Hospice, I must hold personal and medical information regarding Hospice patients and families confidential. The sharing of such information will be strictly between Hospice staff, assigned volunteers and members of the health-care team directly involved in the patient’s care. Such discussion will occur only in pursuit of quality end-of-life care and support. I understand that intentional or involuntary disclosure of confidential information and/or failure to follow approved Hospice policies and procedures may result in my immediate termination as a volunteer.

- 10. Read the General Health & Safety Policy and Rules, work safely while at Hospice and cooperate with staff to make health and safety a priority and limit workplace hazards and risks.

- 11. Resign my position as a volunteer, for any reason, I find myself unable to carry out the above duties to the best of my abilities.

I have read this Code of Conduct and Commitment Pledge and I agree to abide by the terms and spirit of this document. I understand that I can be removed as a staff member and/or contractor for breaching this code of conduct.

Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____