



What It Takes To Be A Hospice Volunteer

Courtesy of Victoria Hospice, Victoria, B.C.

Hospice volunteers are important members of the healthcare team. They work with medical and nursing professionals to ease suffering and improve the quality of living and dying. If you think you are suited to volunteering with Hospice, we encourage you to fill out our application form and send it to us. As a Hospice client volunteer

- You have an interest in the Hospice concept and a desire to help others through the dying and grieving experience.
- You have some awareness as to what is drawing you to Hospice work, and are willing to explore this in depth.
- You are sensitive to the special needs of dying patients and their families, and have chosen this work to support them.
- You are aware of the losses you have experienced, and your way of grieving, and have a sense of perspective about life and death, loss and grief.
- If you have experienced a significant personal loss within the past year, one which you are still actively grieving, please consider carefully your present ability to take on a demanding training program and your current ability to give to others. This work can intensify your own grief. We will review each applicant individually in this regard.
- Because this work can be stressful at times, it is important that you have good supports and ways of taking care of yourself, meeting change and the unexpected with ease.
- You are open to others who may have different values, beliefs, and ways of living. You are able to listen well, and to validate others where they are, rather than where you might believe they should be.
- Because you may be called on to work in a variety of areas and perform many tasks, self-reliance, flexibility and adaptability are assets. Realistic awareness of your own strengths and weaknesses and the ability to set limits are important.
- You like working as part of a team and are willing to explore ways of supporting and being supported by other team members. You are dedicated to your own growth and ongoing learning. Your personal strengths will likely include warmth, concern for people, sense of humour and approachability.
- You are willing to commit yourself to the training and the volunteer responsibilities that follow, and to gaining an understanding of the standards and policies of Hospice Greater Saint John.

Hospice 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

Name: _____ Date: _____

Birth date: _____ Year of Birth (optional): _____

Address: _____

City: _____ Postal Code: _____

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

E-Mail: _____ Languages spoken: _____

How did you learn of the Hospice Volunteer Program?

Brochure Advertisement Website

Friend Personal Contact Other _____

Are you currently: Employed Retired Student Other

May we contact you at your place of employment? Yes No

1. Previous Work Experience (volunteer or paid) and Special Skills or Training: You may submit 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?

- Home Visiting Team**—provide emotional, practical and spiritual support in people’s homes
- Hospital & Nursing Home Visiting Team**—provide emotional and spiritual support to people in hospital/nursing homes
- Practical Support Team**—deliver hospital linen to people at home, drive people to appointments or for pleasure
- Bereavement Phone Support Team** - help people cope with loss through monthly phone calls
- Grief Support Groups Team**—lead and support our Monthly Grief Support Group and our bi-annual 7-Week Bereavement Groups
- Fundraising**– Work on special fundraisers: Angels Remembered, Valentine's Dance, Play Cards for Hospice, Hike for Hospice
- House, Grounds & Garden Team** – help out with duties at Hospice House – housekeeping, cleaning, home repairs, gardening, lawns, snow clearing, etc.
- Office Team** – help out with administrative duties – photocopying, mailing, tax receipting, etc. and work on our Volunteer Reception Desk
- Complimentary Therapy Team** – donate your professional expertise in Massage, Therapeutic Touch, Reiki, Music, Art, etc. to people living with a life threatening illness and help to reduce suffering and bring peace of mind
- Board of Directors** - become part of our senior leadership team
- Committees** – join one of our working/advisory groups
- Friends of Hospice** – join our Ladies Auxiliary and help out with fundraising and public relations
- Education** – get involved with our training programs and educational conferences

When are you available to volunteer with Hospice? **If you are applying to be a Client Volunteer, we ask that you to identify one four-hour block that you can strictly devote to volunteer for Hospice, if called upon. Please tick below.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full days (9 to 4)							
½ days – Morning (9- 1)							
½ days – Afternoons (1-5)							
Evenings (5 – 9 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

Are you willing to attend all sessions of the Volunteer Training Program? Yes No

(This is a requirement for Client Volunteers only; however all volunteers are encouraged to attend.)

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 and member of the formal healthcare team which includes physicians, nurses, social workers etc., I realize that I am subject to a code of ethics. Like the professionals I work with, I am accountable to standards of conduct and practice.

I agree to attend the annual 24-hour Hospice training program (a requirement for Client Volunteers only) as part of my orientation and participate in continuing education opportunities. I commit to providing a minimum of 100 hours per year to Hospice and remain as an active volunteer for a minimum of one year after my training. I will return my training manual to Hospice if I have not fulfilled this commitment.

I promise to take to my work an attitude of open-mindedness and respect for beneficiaries, team and community. I realize I have unique talents and gifts, which I can use to enrich the lives of the people I work with. 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 and with integrity towards the achievements of our goals.

I will not over commit myself so as to lead to disappointment or frustration for others or myself. I believe that my attitude toward volunteer work should be professional; that I have an obligation to my work, to my colleagues, to those for whom it is done, and to the members of the public. As a Client Volunteer, I understand that the needs of dying people and grieving families may be immediate and I promise to make every reasonable effort to be available to support those needs when called upon.

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 responsibly and prudently as its steward.

I will stay informed about what's going on in the organization and actively work to support Hospice. I will positively represent the organization in the community and publicly support the priorities and activities of Hospice.

Hospice respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. This information you provide will be used to deliver services and to keep you informed and up to date on the activities of Hospice, including programs, services, special events, funding needs and opportunities to give, education and volunteer opportunities, open houses and more through periodic contacts. It at any time you wish to be removed from any of these contacts, please contact us.

I understand that in the performance of my duties as a client 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.

I agree to resign my position as a volunteer if, for any reason, I find myself unable to carry out the above duties to the best of my abilities. I hereby certify that all information included in this application form is true and complete. I give permission to an authorized Hospice representative to conduct reference checks with the above names referees and release Hospice and all others from liability in connection with same.

Signature: _____ Date: _____