

FIRST CALL HOSPICE HOSPICE VOLUNTEER APPLICATION

6929 Sunrise Blvd., Suite 180
Citrus Heights, 95610
916-725-2580

Thank you for your interest in becoming a hospice volunteer. We are pleased that you want to offer your time to help others in our community and we welcome this opportunity to become better acquainted with you. All questions are optional and all information supplied herein is confidential. Please complete the application and return it to the address above.

NAME	First _____ Last _____	
ADDRESS	_____	
CONTACT INFORMATION <i>(indicated preferred contact)</i>	<input type="checkbox"/> Home _____	<input type="checkbox"/> Work _____
	<input type="checkbox"/> Cell _____	<input type="checkbox"/> E-Mail _____
Do you have a California Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What brings you to Hospice? <input type="checkbox"/> Personal Experience <input type="checkbox"/> Friend <input type="checkbox"/> Professional Contacts <input type="checkbox"/> Newspaper		
<input type="checkbox"/> Church <input type="checkbox"/> Other _____		
At any time, in the past, have you completed the Hospice Volunteer Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: From whom did you receive your training? _____		
If yes describe your past Hospice Volunteer experience: _____		
Why do you want to become a Hospice Volunteer? (Please feel free to use additional paper for your responses)		
What volunteer experience have you had other than Hospice?		
What do you consider your strongest attributes or skills that you bring to Hospice?		
What life experiences do you feel will be helpful to you as a Hospice Volunteer?		
Have you experienced any personal losses in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Type of work experience?		
Education _____ Certificates / Licenses _____ Special Training? _____		

Signed _____ date _____

**FIRST CALL HOSPICE
HOSPICE VOLUNTEER APPLICATION**

Interests / Hobbies?
Besides English, do you communicate in any other language(s)? Please List:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain. (A yes response does not necessarily bar an applicant from volunteering.)
Do you have any physical or health limitation that should be considered when placing you with hospice patients? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Religious / Spiritual Affiliation? _____
Are you a member of a church? Which Church? _____

HOSPICE VOLUNTEER OPPORTUNITIES:

Please review and check those in which you have interest:

<ul style="list-style-type: none"> <input type="checkbox"/> PATIENT FAMILY SUPPORT VOLUNTEERS: The volunteer provides support and companionship to the patient and family. The volunteer training provides the volunteer with helpful interventions and communication techniques to assist patients and families through the end of life process. The hours can be very flexible. <input type="checkbox"/> BEREAVEMENT VOLUNTEERS FOR FAMILY SUPPORT: Family Support: The volunteers provide support to the families after the death of the patient. The volunteer may visit the bereaved to provide support and companionship to assist with the adjustment to the loss. <input type="checkbox"/> Bereavement Volunteers for Telephone Support: Telephone Support: Volunteers assist in the bereavement process by calling families after the death of the patient. The calls are to provide, reassurance, support, active listening, and a friendly voice. The volunteer will receive special training in recognizing difficult grieving patterns and will work with bereavement counselors and social workers to assist with guidance and appropriate interventions. Volunteers can also assist with mailings. <input type="checkbox"/> PHARMACY VOLUNTEERS: Pick up prescriptions from pharmacies and deliver to the patient's home. The area the volunteer covers is designated by the volunteer and can usually be scheduled at a time convenient for the volunteer. <input type="checkbox"/> SUPPLY / EQUIPMENT VOLUNTEERS: Pick up of supplies and small medical equipment, from the office, and delivered to the patient's home. The area covered is designated by the volunteer and can usually be scheduled at the volunteer's convenience. <input type="checkbox"/> HOSPITAL SUPPORT and WELCOME VOLUNTEERS: Provide support and companionship to patients who have been admitted to the hospital. Volunteers may also make visits to patients who may have been transferred to a new setting. The volunteer welcomes the patient and provides a link to resumption of hospice services. <input type="checkbox"/> TRANSLATION VOLUNTEERS: Bilingual volunteers may serve as translators. The volunteer may visit a patient who speaks a language other than English. The volunteer may also translate for family members. <input type="checkbox"/> OUTREACH EVENT VOLUNTEERS: Assists hospice with community outreach by representing First Call Hospice at health fairs, speaking to community groups and volunteer training. <input type="checkbox"/> OFFICE VOLUNTEERS: Provides administrative support. Duties include filing, data entry, mailing, answering phones, assembling information packets and general office support. The commitment is based on the volunteer's availability and is at their convenience.

Signed _____ date _____

**FIRST CALL HOSPICE
HOSPICE VOLUNTEER APPLICATION**

I consent to, and authorize First Call Home Care and Hospice and its personnel to contact my personal references. Please provide name, address and relationship of three personal references below.

	Name	Address	City	Zip	Relationship
# 1					
# 2					
# 3					

Thank you for your interest in First Call Home Care and Hospice. Please read and sign below:

Code of Ethics for Volunteers

1. Patient care volunteers will respect the lifestyle, culture, and religious orientation of patients and their families. The role of the volunteer is to provide understanding and support to patients and families during the terminal illness. It is not appropriate to attempt to change the lifestyle of the patient or their family. The patient's and family's wishes and needs are our primary concern and take precedence over the wishes and needs of the hospice staff and volunteers.
2. The religious / spiritual resources of the patient and family are very important elements in the Plan of Care. The hospice staff and volunteers will guard against any effort to convert the patient / family to a particular religious or spiritual orientation.
3. I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

I hereby certify that the information I have provided is true, correct and complete to the best of my knowledge. I understand that by submitting this application, I authorize inquiries to be made concerning my background and character for the purpose of determining my suitability as a volunteer. I affirm to have read the "Code of Ethics for Volunteers" and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.

Signed _____ Date _____

Dear Volunteer Applicant,

Upon receipt of your application we will mail letters of reference to the individuals you have identified. We will review all the information and contact you regarding your interest. Please feel free to contact us at any time with questions and concerns. (916-725-2580)

If you have indicated interest in patient / family contact you may need to attend the Volunteer Training Classes. The training introduces you to the Hospice Benefit and teaches you skills to use with patients and families. Prior to starting you may be asked to provide a copy of your driver's license and proof of car insurance. All volunteers will be provided with a company orientation.

Thank you

Rachele Doty CVA Hospice Volunteer Coordinator