



## A Hospice Patient Care Volunteer Can Make a Difference

Patient Care Volunteers at Hospice of Humboldt, Inc. offer their time to help patients and their caregivers. A Patient Care Volunteer is thoroughly screened and receives specialized training in order to supplement the professional services offered by our staff. A volunteer is assigned to provide supportive services to one or two patients at a time. The volunteer receives ongoing support and supervision by the HOH staff.

Although Patient Care Volunteers do not routinely provide personal care to patients, they are trained in the area of body mechanics to ensure the safe transfer of the patient and in comfort measures such as repositioning the patient and the use of pillows.

A Patient Care Volunteer adds to the comfort and quality of life for our patients, caregivers, and families by providing the following services:

- ♥Companionship — take the patient out to lunch, shopping, or to see a movie; or sit with the patient at home and enjoy conversation; read to the patient; visit by telephone
- ♥Caregiver respite — sit with the patient while the caregiver leaves the house
- ♥Errands — shop for groceries; check the mail; write letters for the patient
- ♥Light housework — do laundry; vacuum; wash dishes; perform simple repairs
- ♥Light meal preparation — make snacks or simple meals for the patient
- ♥Transportation — take the patient out for appointments; take a ride for pleasure
- ♥Garden/yard work — water the patient's flowers, mow the lawn
- ♥Music — play an instrument or recordings for the patient
- ♥Prepare a "Life Review" — write down or record the patient's history, fond memories, and experiences
- ♥Enjoy mutual hobbies — work on art projects; play cards or board games; work cross-word or picture puzzles together

There are many possibilities....

A volunteer is someone who offers a listening ear and helping hands.

For more information about becoming a Hospice of Humboldt's volunteer, please contact Volunteer Services.

**Eureka** (707) 445-8443 **Willow Creek** (530) 629-1677

## **Hospice of Humboldt, Inc. Volunteer Training Topics**

1. The purpose and focus of hospice care
2. The important role of the volunteer in hospice care
3. The interdisciplinary team's function and responsibility
4. Role of the various hospice team members
5. Concepts of death and dying
6. Communication skills
7. Patient and family rights and responsibilities
8. Care and comfort measures
9. Diseases and conditions experienced by hospice patients
10. Psychosocial and spiritual issues related to death and dying
11. Concept of the unit of care (i.e., the patient, family and caregiver)
12. Stress management
13. Infection control practices
14. Professional boundaries and patient/family boundaries
15. Staff, patient and family safety issues
16. Ethics and hospice care
17. Grief and bereavement
18. Confidentiality
19. Reporting requirements related to patient changes, pain, and other symptoms

HOSPICE OF HUMBOLDT, INC.  
**Volunteer Services Application**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Home phone \_\_\_\_\_ Ok to leave message? \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_ Call ok? \_\_\_\_\_

Occupation/job title \_\_\_\_\_ Briefly describe job duties \_\_\_\_\_

Yrs of education completed \_\_\_\_\_ Field of study/major \_\_\_\_\_

Are you still a student? (describe situation) \_\_\_\_\_

How did you hear about hospice? \_\_\_\_\_

How would you describe hospice (i.e., services, mission)? \_\_\_\_\_

Why are you drawn to volunteering for hospice? \_\_\_\_\_

What do you consider to be three of your best qualities? \_\_\_\_\_

**Please list skills, training, education, work, volunteer and/or life experiences that would be helpful in your hospice volunteering:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second language \_\_\_\_\_

**References**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**In the event of an emergency:**

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any experience with the terminally ill? Yes\_\_ No\_\_ If yes, please describe \_\_\_\_\_

Has someone close to you died in the past 12 months? Yes\_\_ No\_\_ If yes, please indicate who, when, and how \_\_\_\_\_

Have you experienced the death of a loved one? Yes\_\_ No\_\_ If yes, describe your experience and your healing process \_\_\_\_\_

Have you, your family, or friends ever been served by hospice? Yes\_\_ No\_\_ If yes, please describe \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

Have you been convicted of a felony in the past 7 years? Yes\_\_ No\_\_ (A "yes" answer will not necessarily disqualify you. At your interview, you will be asked to describe this.)

Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Mailed application \_\_\_\_\_ Application returned \_\_\_\_\_

Interview scheduled for \_\_\_\_\_

Interview notes:

HOSPICE OF HUMBOLDT, INC.  
VOLUNTEER SERVICES INFORMATION

Name (first/mi/last) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Marital status \_\_\_\_\_

Home address (city/st/zip) \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Ok to leave message? \_\_\_\_\_ (special instruction(s)) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_ Call ok? \_\_\_\_\_

Occupation/job title \_\_\_\_\_ Briefly describe job duties \_\_\_\_\_

Yrs of education completed \_\_\_\_\_ Field of study/major \_\_\_\_\_

Are you still a student? (describe situation) \_\_\_\_\_

Special skill(s) or interests \_\_\_\_\_

Foreign language(s) \_\_\_\_\_

Times you are generally available to help in any given week (check box or fill in time)

| Time of day | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-------------|-----|-----|-----|-----|-----|-----|-----|
| Morning     |     |     |     |     |     |     |     |
| Afternoon   |     |     |     |     |     |     |     |
| Evening     |     |     |     |     |     |     |     |

Willing to travel to (indicate cities) \_\_\_\_\_

What method of transportation do you use? \_\_\_\_\_

CA driver's license # \_\_\_\_\_ Describe any restrictions \_\_\_\_\_

**Patient and Family Needs**

Check the boxes of the tasks you are willing to perform:

| Patient care     | Family support        | Household tasks        | Other                  |
|------------------|-----------------------|------------------------|------------------------|
| active listening | respite for caregiver | repair(s)              | letter writing         |
| companionship    | child care            | shopping               | pet care               |
| hair/nail care   | emotional support     | laundry                | play music             |
| life review      | transportation        | light housework        | handicrafts            |
| visit by phone   | errands               | light meal preparation | deliver equip/supplies |
| reading          |                       | garden/yard work       |                        |
|                  |                       |                        |                        |