



## **Position Title: Staff and Office Support**

**General Statement of Duties:** Under the direction of appropriate staff member and with the support from the Manager of Volunteer Services, performs daily data entry, handles correspondence and other word-processing assignments, provides clerical duties including filing and copying, and performs other general office duties as requested under the direction of Manager of Volunteer Services and appropriate staff member.

### **Functions:**

1. Data entry as requested.
2. Prepares and processes correspondence and other word processing assignments using the appropriate available software.
3. Maintains filing systems accurately.
4. Provides other general office duties as needed.
5. Handles routine correspondence with donors, patients, and families.

### **Requirements:**

1. Demonstrated knowledge of databases, spreadsheets, and word processing software, if applicable.
2. Attention to detail.
3. Ability to maintain accurate records and files.
4. Ability to work well with others.
5. Ability to maintain confidentiality about patients, families, donors and other sensitive aspects of the organization.
6. Willingness to accept supervision.
7. Motivation to work for the dying and bereaved according to the hospice concept and Coastal Hospice policies.
8. Successful completion of Coastal Hospice orientation.
9. If using automobile for Coastal Hospice duties, a valid driver's license, and \$100,000/\$300,000 automobile liability insurance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Guidelines for Staff and Office Support Volunteers**

Patient Support volunteers are asked to attend a three-hour course. If an applicant has documentation of attendance in a similar program elsewhere, that training will be reviewed and may be accepted with the approval of the Manager of Volunteer Services.

### **How to Apply**

Call Volunteer Services at the Coastal Hospice office 410-543-2590 to make an appointment with the Manager of Volunteer Services. At the interview, the type of service, hours available and other matters related to volunteering will be discussed.

### **Coastal Hospice Offers**

- Opportunities for meaningful community service
- Fellowship and fun at volunteer gatherings

Volunteers will be asked to

Refrain from the use of alcohol and tobacco while on assignment

Sign: Conflict of Interest, Confidentiality Agreement and Position Description

Complete a HIPAA post test

Consent to a background check

If needed provide your own transportation

Notify Volunteer Services of any change of availability or extended times of absence

Complete and return all record keeping forms promptly

Wear a name badge (provided by Coastal Hospice) when on assignment

If needed, provide your own transportation

Provide proof of current driver's license and current auto insurance (if applicable)

Complete yearly updates and evaluation

**Duties, Functions and Requirements of a Patient Support Volunteer are listed on the Patient Support Volunteer position description.**

Assignments of Volunteers

**All volunteer assignments are made through Volunteer Services. Patient Support Volunteers will be assigned according to their interest and availability.**

# VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

We would like to recognize your birthday if you care to share the date \_\_\_\_\_

Notify in case of emergency: Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Referred by: \_\_\_\_\_

**If you possess a license, certificate or registration as a result of specialized education or training, please complete the following:**

Title: \_\_\_\_\_ License or Registration No.: \_\_\_\_\_ State: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Do you carry professional liability insurance? Yes  No

Have you ever been convicted of a felony? Yes  No

**OTHER WORK EXPERIENCE** (include paid and volunteer)

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

**EDUCATION** (include continuing education or special training)

\_\_\_\_\_

**SPECIAL SKILLS** (foreign language, typing, hobbies, etc.)

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What hours and days are you generally available? \_\_\_\_\_

**The following information is needed to provide excess coverage over your personal insurance if you are using your vehicle while in the course of Coastal Hospice business:**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Attach a copy of your auto insurance certificate, which states the limitations of coverage. Updated certificates must be furnished as issued.

**WORK PREFERENCE:** Please indicate the type of volunteer work you would like to perform at Coastal Hospice:

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**REFERENCES:** Please list three people we may contact.

I hereby authorize Coastal Hospice, Inc., to ascertain any and all information which may be pertinent to my volunteer duties. I release any individual from all liability for damages that may result to me on attempts of compliance or any attempts to comply with this authorization.

<i>Name</i>	<i>Mailing Address, Street, City, Zip</i>	<i>Phone #</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete and return to:**  
Judy Hunt-Harris, Manager of Volunteer Services  
Coastal Hospice & Palliative Care  
PO Box 1733 Salisbury, MD 21802

# Initial Volunteer Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I would like the following phone number as my primary contact \_\_\_\_\_

We would like to recognize your birthday if you care to share the date \_\_\_\_\_

I am a Veteran      \_\_\_ Yes      \_\_\_ No

I am interested in the following (check all that apply)

- \_\_\_ **Clerical/Reception (choose any of the following locations)**
- \_\_\_ **Coastal Hospice Offices (Salisbury)**      \_\_\_ **Coastal Hospice at the Lake (Salisbury)**
- \_\_\_ **Coastal Hospice at the Ocean (Berlin)**
- \_\_\_ **Home Hospice Patient care** (including facilities such as nursing homes, group homes)
- \_\_\_ Assigned a patient for ongoing needs      \_\_\_ Prefer no children
- \_\_\_ Assigned a patient for single visit/short term      \_\_\_ Prefer non-smoking
- \_\_\_ Prefer no pets
- \_\_\_ **Coastal Hospice at the Lake (Salisbury)**      \_\_\_ Patient Care
- \_\_\_ **Thrift Shop (Berlin)**
- \_\_\_ **Transportation**      \_\_\_ I will travel outside the county in which I live
- \_\_\_ **Deliveries**      \_\_\_ I will travel outside the county in which I live
- \_\_\_ **Bereavement**      \_\_\_ phone calls      \_\_\_ letters
- \_\_\_ **Mailings**
- \_\_\_ **Office Assistance**      \_\_\_ computer      \_\_\_ phones      \_\_\_ filing
- \_\_\_ **Special Events** (Memorial Services, parties)
- \_\_\_ **Fundraising**      \_\_\_ **Public Relations** (Health Fairs)
- \_\_\_ **Hospitality** (prepare refreshments)      \_\_\_ **Gardening**
- \_\_\_ **Meal Preparation for Patients**
- \_\_\_ **Other** \_\_\_\_\_

**Please return survey with application. Thank you!**