



Position Title: Patient Care Volunteer

General Statement of Duties: Under the direction and supervision of the Manager of Volunteer Services and nursing staff, provides direct service to the patient/family. Services include emotional support, homemaking tasks, and companionship.

Functions:

1. Establishes a friendly relationship with assigned patient and family.
2. Makes periodic visits and phone calls to provide practical and emotional support.
3. Communicates regularly with the Manager of Volunteers and when needed, the staff assigned to patients.
4. Documents visits and pertinent information as directed by the Manager of Volunteer Services.
5. Maintains strict confidentiality about patients and families, as well as, sensitive organizational matters.
6. Participates in continuing education and group volunteer activities.

Requirements:

1. Effective communication skills such as creative listening and sensitivity to non-verbal communication.
2. Knowledge of grief process.
3. Demonstrates willingness to work with the professional staff providing care.
4. Emotional maturity, stability, and confidence.
5. Sincere desire to help and adequate time to do so.
6. Non-judgmental attitude; ability to relate to a variety of people.
7. Willingness to perform mundane tasks.
8. Understanding and acceptance of Coastal Hospice philosophy and policies.
9. Completion of "Introduction to Hospice Care" or equivalent as determined by the Manager of Volunteer Services.
10. If using automobile for Coastal Hospice duties, a valid driver's license and \$100,000/\$300,000 automobile liability insurance.

Signature: _____ **Date:** _____

Guidelines for Patient Care Volunteers

Patient care volunteers are required to complete Introduction to Coastal Hospice (16- hour course) before they are given an assignment. 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. During the interview, you will discuss the type of service desired, hours available and other matters relating to volunteer services.

Coastal Hospice Offers

- Opportunities for meaningful community service
- Emotional support for any assigned task
- Fellowship and fun at volunteer gatherings
- Hepatitis B immunization

Volunteer will be asked to

Participate in at least one continuing education program yearly (provided by Coastal Hospice)

Have an annual PPD test

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

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

Complete yearly updates and evaluation

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

Assignments of Patient Care Volunteers

All volunteer assignments are made through the Volunteer Services office. Volunteers typically spend two to three hours per visit depending on the needs of the patient and family. Whenever possible, volunteers will be asked well in advance. Volunteer Services will supply basic patient information to the volunteer. Volunteer Services will assign substitutes to fill the place of a volunteer who is excused.

Emergencies and Special Medical Problems

When an emergency occurs in the home of a hospice patient the volunteer will always call the office at 410-742-8732. If a patient is FULL CODE, the volunteer should call 911, then call Coastal Hospice. If necessary, the nurse will visit the family or contact the appropriate team member or community resource for help.



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____

Phone Number: (H) _____ (W) _____ (other) _____

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)

Coastal Hospice & Palliative Care

PO Box 1733 Salisbury, MD 21802 410-742-8732 www.coastalhospice.org

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

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:

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:

Sally Rankin, Manager of Volunteer Services
Coastal Hospice & Palliative Care
PO Box 1733
Salisbury, MD 21802
410 -543-2590

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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!