***Horizon Hospice***

***Volunteer***

***Application***

*Horizon Hospice is not a place but a concept of care based on the promise that when medical science can no longer add days to life more life can be added to each day. Horizon Hospice volunteers give their time and compassion to add life to each day.*

*Horizon Hospice volunteers enable the dying to maintain control of their life and remain in a comfortable and familiar setting. The common goal of all who provide care is to allow people to be where they wish to be.*

*Traditionally volunteers provide direct care, but some volunteers wish to help out in other ways. Please mark the services you are interested in providing to a dying person and their loved ones.*

*Direct Care*

*companionship \_\_\_\_\_ respite care \_\_\_\_\_ support \_\_\_\_\_ child care \_\_\_\_\_*

*errand running \_\_\_\_\_ light housekeeping \_\_\_\_\_ limited personal care \_\_\_\_\_*

*transportation \_\_\_\_\_ bereavement support \_\_\_\_\_*

*adult bereavement support group \_\_\_\_\_ youth bereavement support group volunteer\_\_\_*

*Indirect Care*

*fundraising \_\_\_\_\_ service club presentations \_\_\_\_\_ publicity \_\_\_\_\_*

*community education \_\_\_\_\_ clerical assistance \_\_\_\_\_ newsletter production \_\_\_\_*

*craft projects \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Horizon Hospice direct care volunteers are required to attend a 15 hour training course which includes: training in areas of communication, comfort care, spiritual concerns and bereavement. Direct care volunteers are encouraged to attend a refresher in-service courses sponsored by Horizon Hospice. Direct care volunteers are required to a background check through the “National Background Investigations”, for this check a social security number is required.*

*Volunteers: The Heart of Hospice*

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

*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Volunteer Application (2)*

*Revised 2014*

HORIZON HOSPICE

**VOLUNTEER APPLICATION**

ARE YOU WILLING TO COMMIT YOURSELF TO ON-GOING TRAINING TO PREPARE YOU FOR, AND SUPPORT YOU IN YOUR WORK AS A VOLUNTEER?

DOES YOUR FAMILY/SPOUSE SUPPORT YOU BEING A HOSPICE VOLUNTEER?

WHEN WOULD YOU BE AVAILABLE TO BEGIN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MANY HOURS PER WEEK CAN YOU SERVE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOULD YOU BE WILLING TO COMMIT TO THIS PROGRAM FOR A ONE-YEAR TERM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER: (What personal experiences have you had with death? What do you hope to gain from this experience, and what do you feel you can give to the client: What clients do you feel would be most difficult for you, and which do you feel you could work with best: How do you feel when you think of your own death? How uncomfortable are you with ambiguity and feelings of helplessness? Discuss your spiritual/religious background, beliefs, and/or practices.

Please provide 3 previous employers verification. If you are a homemaker, please provide 3 personal references.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Application (1)

Revised 1, 2004

**HORIZON HOSPICE**

MEMORANDUM OF UNDERSTANDING FOR HOME CARE VOLUNTEERS

I AGREE, not to disclose patient information as outlined in the Volunteer Handbook. In addition, I understand that as a Hospice Volunteer I am authorized to do the following on behalf of Horizon Hospice:

1. Sit with the patient as a companion.

2. Be supportive as a friend to the patient and family, using reflective listening skills.

3. Provide transportation for the patients or family member.

4. Do shopping and errand running.

5. Supply community resource information.

6. Observe, and report problems to the Social Worker/Direct Care Volunteer Coordinator.

7. Coordinate help of friends and neighbors with the permission of the patient and/or family.

8. May remind the patient of medication times.

9. Provide limited assistance with personal care as arranged by Program Director/Direct Care Volunteer Coordinator.

I FURTHER, understand that I am required to do the following:

1. Keep written records of activities with the Hospice patient and family.

2. These records will be submitted to the Program Director/Direct Care Volunteer Coordinator at least once a month.

3. At least once a month, I will participate in a patient care team conference scheduled by the Social Worker/Direct Care Volunteer Coordinator.

I FURTHER, understand that I am not authorized to do any other duties and I

am specifically prohibited from the following:

1. Give medications.

2. Professional counseling.

3. Give medical advice (The patient’s physician will have already

individualized care).

4. Making direct calls to the patient’s physician (Call the Program Director/Direct Care Volunteer Coordinator).

5. Making promises for Hospice, physician or Hospice team.

6. Suggest that a possible change in therapy might effect a cure.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Revised March 15, 2005

**A VOLUNTEER CODE OF ETHICS**

As a member of the Horizon Hospice Team, you are expected to adhere to the following code of ethics:

⏹ Always treat others as you would wish to be treated.

⏹ Hold in the strictest confidence all information to which you may have access while volunteering.

⏹ Be kind and offer support to patients, family and guests, but refrain from giving any kind of medical advice or counseling.

⏹ Remain neutral in matters of politics or religion.

⏹ Refrain from consulting any staff member, e.g. nurses, aides, etc. for personal medical advice.

⏹ Neither make judgments nor discriminate on the basis of race, creed, disability, national origin, income, sexual orientation, religious affiliation, gender or age.

⏹ Avoid any suggestive comments or physical gestures which may be considered inappropriate or insensitive. Be aware that any form of sexual harassment is completely unacceptable.

⏹ Except when promoting authorized Horizon Hospice functions, be aware that solicitations or selling tickets or chances is not allowed.

⏹ Please refrain, with sensitivity, from accepting any gift over an approximate $10.00 value. Instead suggest gifts be made to Horizon Hospice.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read, discussed, and agree to the above volunteer code of ethics.

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised March 15, 2005