

Dear Potential Hospice and/or Palliative Care Volunteer:

Thank you for your interest in volunteering with PeaceHealth. The Whatcom Hospice Volunteer Program has teamed up with PeaceHealth Outpatient Palliative Care to provide quality volunteer training for both programs. The programs are similar in that they provide comfort care and symptom management using an interdisciplinary approach, but Palliative Care can begin at the diagnosis and continue while the patient is getting treatment, and Hospice Care begins after treatment is stopped and it's clear the person will not survive the illness.

In the past the trainings have been held twice per year—once in the spring and once in the fall. Trainings are currently on hold due to COVID-19, and we are hoping we will be able to offer a training in the summer of 2021. We try to schedule the classes when most people can attend, which often means weekends. You will be invited to an Informational Meeting that is held approximately 3 weeks prior to the training, where we will explain the two training programs: The 4 session Direct Patient Care Program and the 1 session, 4-Hour Indirect Care Program (for those who do not want direct patient/family contact.)

Please keep in mind the following if you wish to be considered for either of the volunteer training programs:

- **There is an interview and screening process prior to admittance into the class.** This process includes application, interview, criminal background check and Employee Health screening and can take from a week to three weeks to complete. If you are unable to attend the informational meeting but still wish to be considered for the next class, you must contact the volunteer coordinator right away to start this process.
- **Whatcom Hospice is a highly regulated program.** Requirements for becoming a volunteer include the 4-hour or 32-hour training, reading all training material, and committing to volunteer for at least one year following the training. Volunteers are considered non-paid staff; therefore, including the above requirements, monthly documentation and yearly competency and confidentiality requirements are also required.
- **Acceptance into the program** is based on your experience, your availability, and your listening, communication, and interpersonal skills. Your emotional maturity, dependability, flexibility and non-judgmental approach will be highly valued. You must also agree to follow strict confidentiality (HIPAA) requirements in this position.

Please see below for more information.

If you have any further questions regarding the volunteer program, please feel free to call me at 360-788-6892 or email acarr@peacehealth.org.

Sincerely,
Amie Carr

Whatcom Hospice & Outpatient Palliative Care Volunteer Coordinator

Whatcom Hospice & Outpatient Palliative Care Volunteer Programs

Hospice and Palliative Care volunteers are special individuals who have a desire to serve their community by providing support to individuals who are facing the latter stages of a life-threatening illness. Volunteers are important members of the Care Team, a group of professionals whose focus is to provide physical, emotional, social, and spiritual comfort for the ill person. Volunteers are available to provide a variety of services for up to 4 hours per week, making at least a 1-year commitment to the program.

Patient Care Volunteers Provide Direct Patient & Family Support

In patient's homes, nursing homes, or Hospice House

The 32-Hour Patient Care Training allows the volunteer to work one-on-one with patients, families, and staff. Duties they might perform include but are not limited to the following:

- ★ Provide general supportive activities for the patient or family: actively listen and offer emotional support, provide companionship, read, write letters, organize, play music or games, softly sing or just be present, provide other assistance as needed to enhance patient's comfort and quality of life
- ★ Provide respite for the patient's caregivers
- ★ Sit in vigil so patients aren't alone in their final hours
- ★ Prepare meals, serve to patients (no feeding patients). Hospice House volunteers must have WA State Food Worker Card
- ★ Perform light household chores (make beds, wash dishes, vacuum, dust, laundry, etc.) or help with yard chores
- ★ Shop, run errands, or make deliveries (lab, medications, groceries)
- ★ Take patient on outings or walks in wheel chair
- ★ Hospice House chores: greet visitors, cook, tidy up after meal prep, run dishwasher, stock linens, check door locks, make coffee, water plants, other duties as assigned
- ★ If an approved Designated Volunteer Driver, transport patient or family member in volunteer's car
- ★ Maintain open communication with other team members, reporting events or changes of concern to the Volunteer Coordinator
- ★ Bereavement volunteers: assist with bereavement follow-up & grief support; sew stuffed animals at Memory Keepsake Workshops
- ★ Provide other services as available: office or project help, sew quilts, knit comfort shawls, participate in Hospice Foundation activities

Patient Care Volunteers Possess Special Qualifications

- ★ Ability to communicate well with people of diverse backgrounds and ages
- ★ Are emotionally mature, dependable, flexible, and non-judgmental
- ★ Able to respect confidentiality at all times
- ★ Self-motivated, dependable and responsible
- ★ Able to work independently
- ★ Able to work in a changing environment
- ★ Able to practice proper infection control
- ★ Able to maintain appropriate personal and professional boundaries
- ★ Comfortable with death and the dying process
- ★ Must be at least 17 years of age
- ★ Have had no major personal loss in the past 12 months or any known unresolved personal losses
- ★ Possess excellent communication and listening skills; able to set aside personal agenda in order to be fully present with clients
- ★ Are team players: willing to communicate patient & family requests or concerns to the Hospice Team and to consult with the Hospice Volunteer Coordinator or other team members when concerns arise
- ★ Have dependable transportation (& proof of license and auto insurance)
- ★ Participate in annual competency checks & confidentiality confirmation



Volunteer Training

All volunteers receive appropriate orientation and training prior to providing patient/family care or other duties as assigned. The training includes but is not limited to the following:

1. The Hospice & Palliative Care philosophy and care; the patient and family as the unit of care
2. The interdisciplinary team & roles of the team members
3. Regulatory requirements for the use of volunteers
4. The value of the volunteer and volunteer duties and responsibilities
5. Concepts of death and dying
6. Communication skills
7. Confidentiality and protection of patient and family rights;
8. Hospice care and comfort measures
9. Diseases and conditions experienced by hospice & palliative care patients
10. Psychosocial, spiritual, and grief issues related to death and dying
11. Stress management
12. Infection control practices
13. Professional boundaries, patient/family boundaries
14. Safety issues
15. Ethics and hospice care
16. Family dynamics, coping mechanisms, and psychological issues surrounding terminal illness, death & bereavement;
17. Reporting requirements related to changes in patient condition, pain & other symptoms;
18. The PeaceHealth & Whatcom Hospice Mission
19. Special training for volunteering in the Hospice House
20. Who to contact for assistance and instructions



For more information contact Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 -- 360-733-5877

Indirect-Care Hospice Volunteers

Do Not Provide Direct Patient Care

They receive 4-Hours of training and have no one-on-one contact with patients or families.

They perform such duties as

- ★ Drive: Deliveries & errands
- ★ Sew/Knit/Crochet: quilts, bibs, wheelchair bags, stuffed animals, comfort shawls
- ★ Sing with Threshold Singers or Women with Wings; play music
- ★ Gardening & Landscape Support
- ★ Administrative Office Support: Assist with filing, mailings, telephones, assembling manuals or duties as assigned



Hospice also provides continuing education for volunteers as well as the opportunity to share with and support other volunteers.

Requirements to Become a Volunteer

1. Completion of application, interview, background check, and health screening prior to admittance to the class. Contact the Volunteer Coordinator, Amie Carr, acarr@peacehealth.org or 360-788-6892
2. Able to make a minimum commitment of 2-4 hours per week for 1 year
3. Maintain open communication with other team members, reporting events or changes or concerns to the Volunteer Coordinator/Volunteer Associate or other hospice team members
4. Record accurate, objective, timely documentation of volunteer activities
5. Complete required education and documentation annually
6. Attend volunteer support meetings and education as required

SAMPLE Volunteer Training Schedule

Informational Meeting: Saturday 10:00 a.m. – 12:00 p.m.	Palliative & Hospice Patient Care Classes: Four Saturdays, 8:30-3:00	Indirect Care Class: 1 Saturday 8:30 a.m. – 12:30 p.m.
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**Homework is required. You are responsible for the information in the manual as well as the classes.
Some changes to the schedule may occur prior to start date**

Day 1— Saturday, 8:30-3:00	Day 2—Saturday, 8:30-3:00
<p>Meet & Greet (8:30 – 9:00)</p> <ol style="list-style-type: none"> 1. Intro to Palliative Care & Hospice (9:00-9:20) 2. PeaceHealth Policies (9:30-10:15) 3. Org. Integrity & HIPAA (10:25-11:00) 4. Safety: Health, Fire, & Driving (11:10-11:40) 5. Boundaries (11:40-12:30) <p><u>Lunch 12:30-1:00</u></p> <ol style="list-style-type: none"> 6. Exploring “The Brick Wall” & Losses 7. “Dynamics of Dying” 8. Hospice House & Tour <p>Homework (approx. 2 hrs/week):</p> <ol style="list-style-type: none"> (1) Read manual sections 1-9 & 10-14 (2) Answer workbook questions pages 1-6 (3) Complete Course Evaluations for 	<ol style="list-style-type: none"> 9. Working with Dementia & Virtual Dementia Tour (8:30-10:30) 10. End of Life Nursing (10:40-11:30) 11. Medical Social Worker (11:40-12:30) <p><u>Lunch (12:30-1:00)</u></p> <ol style="list-style-type: none"> 12. Communication Workshop 13. End-of-Life Exercise <p>Homework (approx. 2 hrs/week):</p> <ol style="list-style-type: none"> (1) Read manual sections 15-19 (2) Answer workbook questions pages 7-8 (3) Complete Course Evaluations
Day 3—Saturday, 8:30-3:00pm	Day 4—Saturday, 8:30-3:00
<ol style="list-style-type: none"> 14. Grief & Bereavement (8:30-10:20) 15. Hospice MD (10:30-11:20) 16. Nursing Facilities & Vigils (11:30-12:30) <p><u>12:30-1:00 Lunch</u></p> <ol style="list-style-type: none"> 17. Scenarios 18. Cultural Awareness <p>Homework (approx. 2 hrs/week):</p> <ol style="list-style-type: none"> (1) Read manual sections 20-25 (2) Answer workbook questions pages 9-11 (3) Complete Course Evaluations 	<ol style="list-style-type: none"> 19. Spiritual Care (8:30-9:20) 20. Self-Care (9:30-10:20) 21. Documentation & Directions (10:30-12:00) 22. Welcome & Recommendations 23. Books on Grief, Death, Dying <p><u>12:00-1:15 Lunch with a Volunteer</u></p> <ol style="list-style-type: none"> 24. Palliative Care <p>Threshold Singers Celebrate the New Volunteers Complete Workbook pages 12 - 15 Workbooks and Course Evaluations Due today. Make interview appointment with Amie</p>

WHATCOM HOSPICE & PALLIATIVE CARE VOLUNTEER APPLICATION

Please complete entire form with as much detail as possible. Use additional paper if necessary.

Last Name:	First Name:	Middle Initial:	Nickname:
Address:	City:	State: WA	Zip:
Home Phone:	Cell Phone:	Work Phone: OK to call?	Email:
Birthdate:		Person to notify if an emergency (Phone):	
Religion/Spiritual Path/Philosophy:			
How did you hear about our hospice volunteer program?			
Are you a veteran?		Pronouns:	

Check which areas are you interested in volunteering:

	Patient Care Volunteer (32-hour training)		Indirect Care Volunteer (4-hour training).
	Patient Care Volunteer in homes, facilities, etc. Includes light chores, meal prep, respite care		Singing/Musician Volunteer
	Patient Care Volunteer—Hospice House , includes light chores, meal preparation, etc.		Administrative Volunteer: Office Support
	Palliative Care Volunteer —includes light chores, meal preparation, errands, transportation, etc.		Courier Volunteer: Run errands, Deliver medications
	Front Desk Volunteer —Hospice House		Special Projects: Landscape
	Designated Driver for patients/family members		Special Projects: Sew/Knit/Crochet
	Bereavement Volunteer —Bereavement services		Special Projects: Flower Display
	Bereavement Memory Keepsake Workshop Vol.: sewing while assisting the bereaved		Other:
	Pet Companion Volunteer		

Please note that Hospice House, Bereavement, and Bereavement Memory Keepsake Workshop positions require additional training.

When would you be available to volunteer? Please indicate days/times on the grid below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

The more details you provide for the following questions, the more you demonstrate how seriously you have considered volunteering for hospice and/or palliative care:

1. Can you participate in the entire Training Program (4 hours for Indirect, 32 hours for Patient Care)?		
2. Can you commit to volunteering 2 to 4 hours per week for at least one year following the training?		
3. Have you had a significant loss—death, divorce, or separation—in the past year? Please explain.		
4. Why do you feel Hospice and/or Palliative Care is a good fit for you?		
5. Have you ever spent time with someone who is dying or terminally ill? Please describe.		
6. Have you ever been with someone at the time of his/her death? Please describe.		
7. What special qualities--beliefs, skills, talents, knowledge, experience, foreign language, music, crafts--do you bring to the volunteer program?		
8. What do you hope to receive from this kind of work?		
9. How would you describe your communication skills?		
10. Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:		
Are you 18 years of age or older?	Highest Grade in Education:	Degrees/Special Trainings:
Currently Employed?	Full or Part-Time?	Are you Retired?
Are you currently a student?	School:	Field of Study:

What jobs have you held in the past?		
Do you speak a foreign language?	Areas of the County you prefer to volunteer?	How many miles from home are you willing to travel?
Do you have reliable transportation?	Auto license?	Auto Insurance?

PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK

YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING AND EMAIL ADDRESSES
References will be contacted. No family--Professional or friends O.K. Please write clearly.

1	Name:	Relationship:
	Address:	Email:
	Phone:	
2	Name:	Relationship:
	Address:	Email:
	Phone:	
3	Name:	Relationship:
	Address:	Email:
	Phone:	

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting the hospice is confidential. I interpret "volunteer" to mean that I have agreed to work without compensation in money. 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.

Declaration: I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with hospice.

SIGNATURE _____ Date _____
 Electronic Signature OK

Return to: Amie Carr, Volunteer Coordinator - E-Mail: acarr@peacehealth.org
 Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 – 360-788-6892, Fax: 360-788-6884