

Dear Potential Hospice 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. We try to schedule the classes when most people can attend, which often means weekends. Our trainings are held on two Saturdays, 8:30am-4pm, with 9 online learning modules to complete in the weeks between. Please contact me for upcoming training dates.

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

- **There is an interview and screening process prior to admittance into the training.** This process includes application, interview, criminal background check, reference checks and Employee Health screening and can take from a week to three weeks to complete.
- **PeaceHealth 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.
- **COVID vaccination is required.** PeaceHealth requires all healthcare workers and volunteers to be fully vaccinated against COVID-19. A COVID-19 vaccination exemption is available, but must be completed prior to volunteer training.

Please see below for more information about our volunteer program.

If you have any further questions regarding the volunteer program or would like to set up a time to meet, please feel free to call me at 360-788-6892 or email acarr@peacehealth.org. You can fill out the attached application and return it to me via email or mail. Thank you for your interest in volunteering with us!

Sincerely,
Amie Carr

PeaceHealth Whatcom Hospice 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.

Direct Patient Support 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 wheelchair
- ★ 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
- ★ We Honor Veteran volunteers can provide Veteran to Veteran support through active listening, emotional support and companionship
- ★ Bereavement volunteers can 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

Direct 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 prevention
- ★ Able to maintain appropriate personal and professional boundaries
- ★ Comfortable with death and the dying process
- ★ Must be at least 18 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 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



Indirect-Support 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
- ★ Support the We Honor Veterans program through pinning ceremonies acknowledging patients who have served in the military
- ★ Sew/Knit/Crochet: quilts, bibs, wheelchair bags, stuffed animals, comfort shawls
- ★ Sing with Threshold Singers; play music
- ★ Gardening & Landscape Support
- ★ Administrative Office Support: Assist with filing, mailings, telephones, assembling manuals or duties as assigned
- ★ Camp Kaleidoscope children's grief camp



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 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



WHATCOM HOSPICE VOLUNTEER APPLICATION

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

Please email completed application to ACarr@peacehealth.org, or fax to (360) 788-6884, Attn: Amie Carr

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
	We Honor Veterans Veteran to Veteran Volunteer		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		We Honor Veterans Pinning Ceremony Volunteer
	Pet Companion Volunteer		Special Projects: Dog walking

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

Please call Amie Carr, Program Coordinator for Home & Community Volunteers/Whatcom Hospice, at (360) 788-6892 with any questions, or for upcoming volunteer training dates.

The more details you provide for the following questions, the more you demonstrate how seriously you have considered volunteering for hospice:

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 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. Do you have special interests, skills, or hobbies? (art, cultural studies, hairdresser, manicurist, sewing, knitting, beliefs, experience, foreign language, music, crafts, etc)		
8. What do you hope to receive from this kind of volunteer work?		
9. How would you describe your communication skills?		
10. When thinking of your own death, what words best describe death to you? (I don't think about it, sorrowful, natural, frightening, painful, lonely, joyful, heavy, peaceful, dark)		
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 language other than English?	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 EMAIL ADDRESSES OR MAILING ADDRESSES
References will be contacted. No family members. 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. If accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures. I understand that I will be making at least a one year commitment. I understand there is a one year waiting period after experiencing a loss before becoming a volunteer. I understand that civil and criminal background checks will be run, as required by law, including national and Washington State Patrol, and Office of the Inspector General. (OIG)

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. I affirm that all information on this form is true.

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