

Dear Potential Hospice Volunteer:

Thank you for your interest in volunteering for Whatcom Hospice. There are two possible volunteer training programs with hospice at this time:

- **Indirect Care Volunteers** assist hospice in a variety of ways, such as office help, deliveries, landscaping, etc., but they do not have one-on-one contact with patients or families. This training is 4 hours.
- **Caregiver Volunteers**, or respite volunteers, have direct contact with patients and families and generally do the kinds of things a good friend or neighbor might do (depending on the volunteer's abilities), such as sitting with a patient while the caregiver takes a break, or providing companionship, light chores or meal preparation. They may also volunteer at the Hospice House. Caregiver volunteers need excellent listening and communication skills and must be emotionally mature, dependable, flexible, and non-judgmental. Generally, Caregiver volunteers are able and willing to step in and help in a variety of situations. They must also agree to be available 4 hours per week for at least a 1-year commitment—of course, vacation time off is allowed. This training is 32 hours. Comfort care volunteers, such as massage therapists, etc. must attend the Caregiver training.

All hospice volunteers are treated as employees of PeaceHealth St. Joseph Medical Center and receive background checks, reference checks, and follow federal requirements for confidentiality, competency, and patient rights and safety. They must also be willing to maintain monthly and yearly documentation requirements.

Please review the enclosed material for more details.

If you have any further questions regarding the volunteer program, please call my direct line at 788-6892 or email me at [dgillespie@peacehealth.org](mailto:dgillespie@peacehealth.org). I will put your name on my mailing list and notify you of the dates for the next informational meeting and training session as soon as I have that information prepared. You may return your completed application to me at any time at the address or fax provided on the application.

Thank you for considering volunteering for Whatcom Hospice. I look forward to meeting you in the near future.

Sincerely,

*Dianne Gillespie*

Dianne Gillespie  
Whatcom Hospice Volunteer Coordinator



## WHATCOM HOSPICE VOLUNTEER PROGRAM

*“Hospice Volunteers Are the Heart of Hospice”*

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

### Caregiver Volunteers

#### Provide Direct Patient & Family Support

In patient's home, nursing home, adult family home or Hospice House  
32-Hour Caregiver Training. Work one-on-one with hospice patients and families as well as hospice staff. They

- ◆ Provide general supportive activities for Hospice 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, organize or provide other assistance as needed to enhance patient's comfort and quality of life
- ◆ Provide respite care and companionship for patients
- ◆ Sit in vigil with patients—sitting quietly at the bedside so patient isn't alone
- ◆ 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)
- ◆ Provide light hand, foot, head or shoulder massage with approval from Hospice nurse
- ◆ Take patient on outings or walks in wheel chair (with hospice approval)
- ◆ 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 Hospice patient or family member in volunteer's car
- ◆ Report patient/family requests, concerns, or changes to the Hospice Nurse or Volunteer Coordinator for relaying to other Hospice staff
- ◆ Assist with bereavement follow-up if willing or requested by bereaved
- ◆ Provide other services as available: office or project help, Hospice Foundation support, etc.



### Caregiver Volunteers Possess Very Special Qualities

- ◆ Are available to volunteer up to 4 hours per week for a period of 12 months following volunteer training (excluding vacations or illnesses).
- ◆ Are available to attend all 32 hours of training program—including Occupational Health requirements and criminal background checks.
- ◆ Have had no major personal loss in the past 12 months or any known unresolved personal losses.
- ◆ Are emotionally mature, dependable, flexible, and non-judgmental.
- ◆ Satisfy strict evaluation and interview criteria.
- ◆ Possess a willingness and desire to be with people in their final stages of life.
- ◆ Required to maintain confidentiality.
- ◆ Are respectful of patients' and family's beliefs and values.
- ◆ Actively listen and offer emotional support to patients and families.
- ◆ Are willing to communicate patient & family requests or concerns to the Hospice Team and to consult with the Hospice Volunteer Coordinator or other staff when difficulties arise.
- ◆ Are responsible and keep their appointments.
- ◆ Have dependable transportation (and proof of license and auto insurance if they drive).
- ◆ Possess current licenses (massage, etc.)
- ◆ Participate in annual competency checks and confidentiality confirmation.

# Caregiver Volunteer Training

The rigorous 32-hour training program is designed to give the volunteer skills to offer patient care, caregiver support, and grief follow-up in a confident, competent, and warm and friendly manner. The program is facilitated by practicing professionals from the hospice program. The emphasis of the training is on

- ◆ Discovering the physical, psycho-social, and spiritual aspects of dying
- ◆ Clarifying one's own feelings and attitudes
- ◆ Providing a working understanding of specific terminal illnesses, dying, death, grief and the stresses faced by the patient and family
- ◆ Providing skills to assist patients and families
- ◆ Improving communication and listening skills
- ◆ Learning about community resources



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



## Indirect Care Hospice Volunteers Do Not Provide Direct Patient/Family Care

3-Hour Training. No one-on-one with patients/families. They perform such duties as

**Drive:** Deliveries & errands

**Sewing/Knitting/Crochet:** quilts, bibs, wheelchair bags, teddy bears, comfort shawls

**Gardening/Landscape Support**

**Home Maintenance:** install shower bars, smoke detectors

**Office Support:** Assist with filing, mailings, telephones, assembling manuals,

## Process to Become a Whatcom Hospice Volunteer

1. Contact the Whatcom Hospice Volunteer Coordinator, [dgillespie@peacehealth.org](mailto:dgillespie@peacehealth.org) or 360-788-6892
2. Attend an Informational Meeting
3. Complete an application
4. Attend a pre-training interview with Hospice Volunteer Coordinator
5. Attend the 3-hour Indirect Care or all of the 32-hour Caregiver training program and read training manual material between classes
6. Complete all documentation requirements, pass background and reference checks and Employee Health requirements.
7. Attend a "Welcoming" interview with Hospice Volunteer Coordinator



PeaceHealth  
St. Joseph Medical Center

Whatcom Hospice

Whatcom Hospice

2800 Douglas Ave., Bellingham, WA 98225

Phone: (360) 733-5877 - Fax: (360) 756-6884



## WHATCOM HOSPICE INDIRECT CARE VOLUNTEER APPLICATION

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

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

Address: \_\_\_\_\_  
City
State
Zip

E-Mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

What areas of Hospice are you interested in volunteering? Please check any/all

- |   |  |
|---|--|
| <input type="checkbox"/> Office Support   | <input type="checkbox"/> Driver                    |
| <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Gardner/Landscape Support |
| <input type="checkbox"/> Other:           | <input type="checkbox"/> Seamstress / Knitting     |

When could you be available to volunteer for Hospice? Please check any on the grid below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM's – 9-1							
PM's – 1-5							
Eves - 5-9							
Other:							

- How did you hear about the Hospice Volunteer Program?
  
- Why do you want to be a Hospice Volunteer?
  
- Are you 18 years of age or older?
  
- List special skills, activities, interests, or hobbies you could share with the Hospice program (Professional skills, Notary, Foreign Languages, Music, Creative Arts, etc.):
  
- Education: Highest grade completed? \_\_\_\_\_ Degrees/Training/Licenses \_\_\_\_\_
- Are you currently a student? Y N Field of Study: \_\_\_\_\_ Where? \_\_\_\_\_
- Are you currently employed? Full-Time \_\_\_\_ Part-Time \_\_\_\_ Occupation: \_\_\_\_\_
- Are you Retired? \_\_\_\_\_
- What kinds of jobs have you held in the past?

- Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:
- In what areas of Whatcom County would you prefer to volunteer (Bellingham, North, West, East, South)?
- Are you willing to travel to other areas of the county? Y N Please specify:
- Do you have reliable transportation? Car? \_\_\_\_\_ Bus? \_\_\_\_\_ Other? \_\_\_\_\_
- Can you participate in the 4-hour training program?
- Can you commit to at least one year (following training) to the program?

*PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK*

YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING ADDRESSES OR EMAIL.

References will be contacted. No family. Professionals or friends only who can attest to your reliability.

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

I DO HEREBY GRANT PERMISSION FOR THE ABOVE NAMED INDIVIDUALS AND/OR AGENCIES TO RELEASE INFORMATION TO WHATCOM HOSPICE CONCERNING MY CHARACTER, EMPLOYMENT, PERFORMANCE, SKILLS, COMPETENCE, AND/OR GENERAL ABILITY.

IT IS UNDERSTOOD THAT THIS PERMISSION INCLUDES CUMULATIVE AND CONFIDENTIAL INFORMATION, WHICH WOULD ASSIST WHATCOM HOSPICE IN FILLING VOLUNTEER POSITIONS.

*Agreement of Confidentiality: I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at Whatcom Hospice is confidential and that this confidentiality is protected by Federal Law.*

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Dianne Gillespie, Volunteer Coordinator - E-Mail: dgillespie@peacehealth.org  
 Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 Fax: 788-6884



Whatcom Hospice

**WHATCOM HOSPICE CAREGIVER VOLUNTEER APPLICATION**

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

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

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

City

State

Zip

E-Mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Religion/Spiritual Path? \_\_\_\_\_ Who to call if emergency? \_\_\_\_\_

What areas of Hospice are you interested in volunteering? Please check any/all

- Hospice Respite Care Volunteer (homes, nursing homes)
- Hospice Care Center
- Bereavement Support
- Comfort Therapies (massage, energy, music, etc.)
- Home Maintenance
- Driver
- Gardner/Landscape Support
- Seamstress/Knitting
- Office Support
- Other:

When could you be available to volunteer for Hospice? Please check any on the grid below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM's - 9-1							
PM's - 1-5							
Eves - 5-9							
Other:							

- Are you willing to do vigils (sitting with actively dying patient so he/she doesn't die alone)? \_\_\_\_\_
- Are you willing to do night vigils? \_\_\_\_\_ Hours available? \_\_\_\_\_
- How did you find out about the Hospice Volunteer Program?
- Why do you want to be a Hospice Volunteer?
- Does your spouse/family support your being a Hospice Volunteer?
- Have you ever spent time with someone who is dying? If yes, when? Please describe.

- Have you had a significant loss—death, divorce, or separation—in the past year? Please explain.
- How do you feel when you think about your own death?
- Describe your beliefs and/or experiences that you believe are important to assist you as a Hospice volunteer.
- What do you hope to receive from this kind of work?
- What do you hope to bring to the people with whom you work?
- How do you respond to situations that you cannot influence or change?
- How comfortable are you in your ability to step into a variety of situations and communicate with different people?
- How would you describe your communication skills?
- Are you 18 years of age or older?
- List special skills, activities, interests, or hobbies you could share with the Hospice program (Professional skills, Foreign languages, Music, Creative Arts, etc.):
- Education: Highest grade completed? \_\_\_\_\_ Degrees/Training/Licenses \_\_\_\_\_
- Are you currently a student? Y N Field of Study: \_\_\_\_\_ Where? \_\_\_\_\_
- Are you currently employed? Full-Time \_\_\_\_ Part-Time \_\_\_\_ Occupation: \_\_\_\_\_
- Are you Retired? \_\_\_\_\_
- What kinds of jobs have you held in the past?
- Do you have any physical limitations that we should be aware of in assigning you as a volunteer? Please explain:

- Do you prefer to volunteer in a particular area of the county (Bellingham, North, East, West, South)?
- Are you willing to travel to other areas of the county? Y N Please specify:
- Do you have reliable transportation? Car? \_\_\_\_\_ Bus? \_\_\_\_\_ Other? \_\_\_\_\_
- Can you participate in all 32 hours of the Hospice Training Program?
- Can you commit to four hours per week for at least one year (following training) to the program?

**PERMISSION FOR RELEASE OF INFORMATION—VOLUNTEER REFERENCE CHECK**

**YOU MUST LIST THREE REFERENCES & PROVIDE COMPLETE MAILING ADDRESSES OR EMAIL.**  
References will be contacted. No family. Professional or friends only who can attest to your reliability.

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

I DO HEREBY GRANT PERMISSION FOR THE ABOVE NAMED INDIVIDUALS AND/OR AGENCIES TO RELEASE INFORMATION TO WHATCOM HOSPICE CONCERNING MY CHARACTER, EMPLOYMENT, PERFORMANCE, SKILLS, COMPETENCE, AND/OR GENERAL ABILITY.

IT IS UNDERSTOOD THAT THIS PERMISSION INCLUDES CUMULATIVE AND CONFIDENTIAL INFORMATION, WHICH WOULD ASSIST WHATCOM HOSPICE IN FILLING VOLUNTEER POSITIONS.

*Agreement of Confidentiality: I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at Whatcom Hospice is confidential and that this confidentiality is protected by Federal Law.*

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Dianne Gillespie, Volunteer Coordinator - E-Mail: [dgillespie@peacehealth.org](mailto:dgillespie@peacehealth.org)  
 Whatcom Hospice, 2800 Douglas Ave., Bellingham, WA 98225 -- Fax: 788-6884