



COASTAL HOME HEALTH & HOSPICE

Volunteer Application

PO Box 493
Gold Beach, OR 97444
(541) 247-7084
1-800-535-9472
888-611-8233 Fax

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Can you receive calls at work? Yes No Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Education/Special Training:

Work Experience:

Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Do you have access to transportation? Yes No

Driver License #: _____ Ins. Comp & Policy #: _____

Are you a smoker? Yes No

Can you work in a smoke filled environment: No Yes, no problems

Yes with limitations: less than 1 hour 1-2 hours 2-4 hours up to 6 hours

Do you have any physical limitations: Yes No Explain briefly:

What days are you available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times are you available:

Early Mornings Mornings Afternoon Evenings Late Night

What locations would you like to serve in:

Harbor Brookings Pistol River Gold Beach Wedderburn
 Ophir/Nesika Beach Agness Port Orford Langlois Bandon

How many miles from the above locations will you drive: _____ miles

How many miles inland will you drive: _____ miles

Identified Areas of Interest: please circle all that apply

Patient Care:

- | | | |
|---|--|---|
| <input type="checkbox"/> Respite for caregiver | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pet care |
| <input type="checkbox"/> Caller | <input type="checkbox"/> House painting | <input type="checkbox"/> Writing letters |
| <input type="checkbox"/> Patient transportation | <input type="checkbox"/> Yard work | <input type="checkbox"/> Life historians – scrapbook or video |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Moving | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Assisting with mail | <input type="checkbox"/> Patient Companionship | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Minor House repairs | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Errands/shopping |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Meal Delivery | <input type="checkbox"/> Cards/games |
| <input type="checkbox"/> Other _____ | | |

Bereavement Support:

- Home Visits Vigil Team Support Group Phone Calls Admin

Fundraising:

- Thrift Store Light up a life Collectables

Complementary Programs:

- Instrumental _____ Arts & Crafts Pet Visits Manicurist Hairdresser

Community Outreach:

- | | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Speaker | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Cookie/goodie bakers | <input type="checkbox"/> Scrapbook | <input type="checkbox"/> Writing PR | <input type="checkbox"/> Sewing |

Agency:

- Special Projects Board Member

Administrative/clerical:

- | | | |
|--|---|---|
| <input type="checkbox"/> Answering phone | <input type="checkbox"/> Newsletter writing | <input type="checkbox"/> Newsletter mailing |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Data entry | <input type="checkbox"/> Distribute material |
| <input type="checkbox"/> General mailing | <input type="checkbox"/> Filing/Reception | <input type="checkbox"/> Copying |
| <input type="checkbox"/> Courier | <input type="checkbox"/> Shredding | <input type="checkbox"/> General transportation |
| <input type="checkbox"/> Med Records | | |

Other areas:

How did you hear about our Hospice volunteer program?

Why do you want to be a hospice volunteer?

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work?

Death and Dying

What are your thoughts and feelings about death?

Have you ever been with someone at the time of his or her death? Yes No
If yes, please describe briefly:

Have you ever provided care to anyone who was dying? Yes No (if yes, please explain):

When thinking of your own death, what words best describe death to you?

- | | | | |
|--|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> I do not think about my own death | <input type="checkbox"/> sorrowful | <input type="checkbox"/> natural | <input type="checkbox"/> frightening |
| <input type="checkbox"/> painful | <input type="checkbox"/> lonely | <input type="checkbox"/> joyful | <input type="checkbox"/> heavy |
| | | <input type="checkbox"/> peaceful | <input type="checkbox"/> dark |

Other:

Comments:

Volunteer Principles of Confidentiality

Since even the identity of hospice patients/families is confidential information, referring to patients/families by name should only occur within the hospice team.

- Discussion regarding patients/families must be held in private settings where others cannot overhear, and never in public places.
- Confidential information shared between the hospice volunteer and hospice patients/families must never be divulged to other family members or family/patient friends.
- Consultation with Hospice staff is required to ensure the most appropriate assistance to hospice patients/families.
- When in doubt about confidentiality issues, always contact the volunteer coordinator or other Hospice Team members (nurse, social worker, chaplain) for clarification or assistance.

Note: one confidentiality exception includes cases where the patient/family have shared that they either have or plan in the future to hurt themselves or others. Please review these exceptions with your volunteer coordinator.

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 patient/family case 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 but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that 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 and character for the purpose of determining my suitability as a volunteer. **I affirm to have read the above Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.**

Applicant Signature

Date