



Things to Consider When Applying to be a Hospice Volunteer

Volunteer Services are an integral component of the Hospice program. In determining whether Hospice volunteering is a service you want to give at this time, please consider the thoughts and ideas expressed below.

- You have an interest in the Hospice concept, and have the desire to help others. You have some awareness of what is drawing you to Hospice work, and are willing to explore this in depth.
- You are sensitive to the special needs of dying patients and/or of their grieving families, and have chosen to work to support them.
- You are aware of the losses you have experienced, and your way of grieving, and have a sense of perspective about life and death, loss and grief.
- You are open to others who may have different values, beliefs, ways of living. You are able to listen well, and to validate others where they are, rather than where you might believe they should be.
- As you may be called on to work in a variety of areas and perform many different tasks, self-reliance, flexibility, and adaptability are assets. Realistic awareness of your own strengths and weakness, and the ability to set limits are important.
- You will like working as part of a team, and be willing to explore ways of supporting and being supported by other team members. You are dedicated to your own growth and ongoing learning. Your personal strengths will likely include warmth, concern for people, sense of humor, approachability.
- You are willing to commit yourself to the training and to the volunteer responsibilities that follow, and to gaining an understanding of the standards and policies of the Hospice program.
- You are not bringing personal agendas or “missions” to your Hospice work, and understand that our work is not to change people, but to be with them where they are.
- If you have experienced a significant personal loss within the past year, one which you are still actively grieving, please consider carefully your present ability to take on a demanding training program. This work can intensify your own grief. We will review each applicant individually in this regard.
- As working at Hospice can be stressful at times, it is important that you have good supports and ways of taking care of yourself, meeting change and the unexpected with ease.



**Regional
Hospice and
Home Care**
of Western Connecticut

APPLICATION FOR VOLUNTEER TRAINING PROGRAM

Please fill out every item. Your answers will be kept completely confidential.
Return this application to Regional Hospice, 405 Main Street, Danbury, CT 06810

GENERAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

May we call you at work? _____ Birthdate (optional): _____

Emergency Contact: Name: _____
Relationship: _____
Phone: _____

Transportation: Do you own or have access to a car? _____
Auto Insurance Company: _____
Liability coverage greater than \$300,000: _____

EMPLOYMENT HISTORY (please provide a brief history of your most recent positions)

| Company | Address | Position |
|---------|---------|----------|
| | | |
| | | |
| | | |

VOLUNTEER ACTIVITIES (include current and past volunteer service)

| Organization | Your Responsibilities | Length of Service | Days/Hrs a Week |
|--------------|-----------------------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |

MOTIVATION TO VOLUNTEER

How did you hear about Regional Hospice? _____

Why do you wish to work as a volunteer for Regional Hospice? _____

Discuss any experience you have had with someone close to you who has died or been diagnosed with a life-threatening illness: _____

Please describe any skills or background that might be helpful in your work with Regional Hospice. This may include hobbies or special interests, education, religious or community service, etc.: _____

REFERENCES

Please give the names of three people we may contact as references. Please include at least one personal and, if you are presently employed, one work reference. Reference forms will be sent to each.

| Name | Address, City, State, Zip | Phone | Relationship |
|------|---------------------------|-------|--------------|
| | | | |
| | | | |
| | | | |

Have you ever been arrested? Yes ____ No ____ Circumstances: _____

PLEASE NOTE: We are mandated to conduct a Criminal Background Check for all patient care and bereavement volunteers.

I authorize Regional Hospice to contact references provided and gather other appropriate information to determine my participation in the volunteer program.

Signature: _____ Date: _____

REGIONAL HOSPICE AND HOME CARE OF WESTERN CT

Hospice Volunteer Program

VOLUNTEER SKILLS BANK

One of our most important functions at Regional Hospice and Home Care is to match *needs*—of patients, families, team members, partners in care, and the community at large—with appropriate *resources*. We have among ourselves a wealth of resources of all kinds. The purpose of the VOLUNTEER SKILLS BANK is to allow us to organize the talents, interests, skills, and knowledge of our team members into accessible and usage categories.

Please take a few minutes to check off which interests and/or skills you would be comfortable sharing with patients and families, and with our Hospice team. *Thank you for your help.*

VOLUNTEER NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Your present work: _____ Other professional interests: _____

Special interests and/or hobbies: _____

Languages

I speak: 1. _____ 2. _____ 3. _____

I write: 1. _____ 2. _____ 3. _____

I read: 1. _____ 2. _____ 3. _____

Special skills/experiences

Have worked with: (*describe below*)

persons with special needs/serious illness: _____

seniors: _____

children: _____

Patient/Family Support

| | | | |
|--|--|--|---|
| <input type="checkbox"/> friendly visits/listening | <input type="checkbox"/> respite for family | <input type="checkbox"/> spiritual support | <input type="checkbox"/> child care |
| <input type="checkbox"/> light household chores | <input type="checkbox"/> drop-in visits to check needs | <input type="checkbox"/> meal or snack preparation | <input type="checkbox"/> shopping/errands |
| <input type="checkbox"/> check-in phone calls | <input type="checkbox"/> transportation to appts | <input type="checkbox"/> own a truck/can help move large equipment | |
| <input type="checkbox"/> help with bills/insurance | <input type="checkbox"/> yard work | <input type="checkbox"/> bereavement support | <input type="checkbox"/> other: _____ |

Arts, Crafts, Leisure

| | | | |
|--|--|--|--|
| <input type="checkbox"/> painting/drawing | <input type="checkbox"/> gardening | <input type="checkbox"/> reading | <input type="checkbox"/> nostalgia |
| <input type="checkbox"/> knit/crochet | <input type="checkbox"/> music/singing | <input type="checkbox"/> journaling | <input type="checkbox"/> cards/board games |
| <input type="checkbox"/> sewing/embroidery | <input type="checkbox"/> musical instrument: _____ | <input type="checkbox"/> writing letters | <input type="checkbox"/> sports |
| <input type="checkbox"/> cooking/baking | | <input type="checkbox"/> other: _____ | |

Personal Care/Alternative Therapies

| | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> hairdressing | <input type="checkbox"/> manicure/pedicure | <input type="checkbox"/> relaxation exercises | <input type="checkbox"/> massage |
| <input type="checkbox"/> Reiki | <input type="checkbox"/> therapeutic touch | <input type="checkbox"/> visualization | <input type="checkbox"/> art/music therapy |
| <input type="checkbox"/> other: _____ | | | |

Organizational Support/Specific Skills

| | | | |
|---|---|--|--|
| <input type="checkbox"/> fundraising for art show | <input type="checkbox"/> regional chapter fundraising | <input type="checkbox"/> speaker's bureau | <input type="checkbox"/> grant writing |
| <input type="checkbox"/> research/analysis | <input type="checkbox"/> editing/proofreading | <input type="checkbox"/> telephone work | <input type="checkbox"/> group leadership |
| <input type="checkbox"/> photography | <input type="checkbox"/> audio/visual recording | <input type="checkbox"/> minor household repairs | <input type="checkbox"/> filing/mass mailing |
| <input type="checkbox"/> clerical skills | <input type="checkbox"/> computer skills | <input type="checkbox"/> other: _____ | |

Availability

| | | | | | | |
|---------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon | <input type="checkbox"/> 8am-noon |
| <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm | <input type="checkbox"/> Noon-5pm |
| <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm | <input type="checkbox"/> 5pm-10pm |
| <input type="checkbox"/> Other: _____ | | | | | | |

Preferred Areas of Service (*check areas or indicate 'no preference'*): No preference

Bethel Brookfield Danbury New Fairfield New Milford Newtown Redding Ridgefield Southbury