



**BURNABY HOSPICE SOCIETY
PALLIATIVE COMPANION VOLUNTEER PROGRAM**

Title: Hospice Palliative Program Volunteer

Purpose: To improve the quality of life for clients and families experiencing death and dying by providing emotional and social support. This support may be in the client's home, in a long-term care facility, on the Palliative Care Unit at Burnaby Hospital or in St. Michael's Centre Hospice.

Volunteer Roles:

- Providing support to family members and companionship to client
- Sitting quietly at bedside
- Tea Service
- Sitting vigils
- Spiritual readings
- Caregiver relief
- Bereavement Support
- Complementary therapies
- Assisting with letter writing, scrap booking, reading to the client
- Sharing music or a movie with the client
- Assist with writing life histories
- Accompanying the client on a walk or outing

Qualifications:

- Completion of 30-hour training program
- An interest in the hospice palliative concept
- Non-judgmental attitude
- Mature, stable and dependable
- Good listening skills and being comfortable with silences
- Understanding and adherence to the principles of confidentiality
- No relevant criminal record
- Volunteers are asked to wait one year after the death of a family member or friend before entering the volunteer training program

Time Commitment: Between two and three hours a week for a minimum of one year. Volunteers visiting one-to-one are encouraged to take some time off after the death of their client.

Responsible To: Hospice Volunteer Program Coordinator



Hospice Training Program Course:

This is a 30-hour course which provides training for our Palliative Hospice Companion Volunteers and is open to anyone who would like to learn more about providing support to terminally-ill patients and to their families before death and during bereavement.

The course will cover:

- Attitudes about Death and Dying
- Needs of the Dying
- Palliative Care and Pain Management
- Listening and Communication Skills
- Spiritual Care
- Supporting the Family of the Dying Patient
- Care for the Caregiver
- Supporting those who are Grieving
- Multicultural Values

Course fee: \$100 (*includes 1 year Burnaby Hospice Society membership*)

For information or to register contact:

Hospice Volunteer Program Coordinator

Telephone: 604-419-6903

Fax: 604-299-7910

E-mail: volunteers@burnabyhospice.org



Date: _____

1. Name _____ E-mail) _____

Address _____ Postal Code _____

Telephone (home) _____ Telephone (cel) _____

2. Date of Birth: _____ 3. Current responsibilities and commitments:

4. Emergency Contact _____ Relationship _____

Telephone (home) _____ Telephone (cel) _____

5. Do you have any physical/health restraints that might affect your volunteer placement?

(bad back, hearing, vision). Please specify: _____

6. How did you hear about the Burnaby Hospice Volunteer Program?

7. Have you been a volunteer before? _____ If "yes", give brief details

8. What interests you in becoming a Hospice Palliative volunteer at this time?

9. What type of palliative work do you feel you would prefer? Check all that apply

a) Support patients and families _____ b) Visiting in the home _____

c) Hospital _____ d) Hospice _____

e) Bereavement support _____

10. Time you have available for volunteer work: (please circle)

M T W Th F Sat Sun Days/evenings/weekends preferred _____



Burnaby **Hospice** Society

11. What limitations or changes do you foresee in your commitment as a volunteer over the next year?

12. Special Interests/Skills/Experience:

Recreational Activities/Hobbies _____

Languages Spoken _____

Education Background _____

Work Background _____

Complementary
Therapies _____

13. Have you had any losses in the last year such as a move, job change, separation or death?
Please elaborate

14. How do you handle stress and what do you do for personal care?

15. Do you have a criminal record? _____

16. References:

Name _____ Telephone _____

Relationship _____ E-mail _____

Name _____ Telephone _____

Relationship _____ E-mail _____

I agree to abide by the policies and procedures of the Burnaby Hospice Society and to maintain client confidentiality at all times. *This can be signed at time of interview.*

Signed: _____ Date: _____