



HOSPICE PALLIATIVE VOLUNTEER PROGRAM

Title: Hospice Palliative Program Volunteer

Purpose:

To improve the quality of life for people with life threatening illnesses and to their loved ones by providing emotional, social, spiritual and practical 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
- Therapeutic Touch or massage
- 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

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 Palliative Program Coordinator or to the Bereavement Coordinator



How to become a Hospice Volunteer

- Complete the Hospice Palliative Volunteer Application Form
- Come in for an interview with the Coordinator of Volunteers
- Provide references and agree to a Criminal Record Check
- Complete the Training Program and Shadow Shifts

Hospice Training Program Course:

This is a 30-hour course given over six evenings and two Saturdays. It provides training for our Palliative Hospice Volunteer Visitors, 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: \$75

The Burnaby Hospice Society Volunteer Training Program is usually held twice a year in the spring and fall.

For information or to register, please contact us:

Phone: 604.431.2884 or 604.520.5087
Email: volunteer@burnabyhospice.org



Burnaby **Hospice** Society

Hospice Palliative Volunteer Application Form

Date: _____

1. Name: _____ Telephone: _____

Address: _____ City: _____ Postal Code: _____

E-mail: _____ Alternate Contact: _____

Emergency Contact: _____ Phone: _____

2. Are you 19 yrs or older? _____

3. Current responsibilities and commitments: _____

4. Do you have any physical/health restraints that might affect your volunteer placement?
(ie. bad back, hearing, vision). Please specify _____

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

6. 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) Supporting patients and families ___ b) Visiting in the home ___ c) Hospital ___ d) Hospice ___
e) Bereavement support ___ f) Other – please specify _____

10. Time you have available for volunteer work: (please circle)
Mon Tue Wed Thu Fri Sat Sun Days/evenings/weekends preferred _____



Burnaby **Hospice** Society

11. Are you able to make a minimum one year volunteer commitment?

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

13. Special Interests/Skills/Experience:

Recreational Activities/Hobbies _____

Languages Spoken _____

Education Background _____

Work Background _____

Complementary Therapies _____

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

Please elaborate _____

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

16. Do you have a criminal record? _____

17. References:

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

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: _____

Please e-mail this application form back to: volunteer@burnabyhospice.org

Or mail to: Burnaby Hospice Society

6855 Kingsway Burnaby BC V5E 1E4

Phone: 604.520.5087 Fax: 604.520.5089