

Hospice Health Screening

A completed and signed Hospice Health Screening is required by A STEP FORWARD HOSPICE. You must complete and sign Sections I, II, III, IV, and V, then submit this form during the orientation process.

I. Name: _____ **Birthdate:** _____

Check applicable boxes below:

II. Do you have any of the following which would prevent you from driving safely?

- Vision Impairment Hearing Difficulties
 Fainting/Dizzy Spells Epilepsy/Convulsions

III. Back problems which would prevent you from lifting 50 pounds?

IV. Any communicable disease?

If you checked any of the above, please explain:

IV. Medical History (past ten years)

A. Have you ever had a positive reading on the Tine or PPD Test? Yes No

I understand that I must have an annual PPD and/or chest X-ray to retain active employment with A STEP FORWARD HOSPICE at the employer's cost.

B. Tetanus Shot? Yes No

C. Do you at the present time have any illness or limitation which may prevent you from properly performing the job for which you have applied? Yes No

D. Do you have any allergies? Yes No

If yes, please explain: _____

E. Do you have any health problems that we should know about in order to help you in case of an emergency while at work? Yes No

You should be aware that it is the policy of A STEP FORWARD HOSPICE that any of our volunteers may have screening tests for drugs and alcohol at the discretion of the Hospice DON. I hereby certify that the above responses are true and correct to the best of my knowledge.

 Volunteer Name (Please type for electronic signature)

 Date

 DON signature

 Date

Volunteer Application

Name: _____
 Address: _____
 City: _____ State: _____

Date: _____
 Phone: _____
 Zip: _____

1. Are you 18 years of age or older? Yes No
2. Do you have sensory or speech impairment? Yes No
3. Are communication aides needed? Yes No
4. Do you have a non-English Preference? Yes No

Language Preference: _____

5. Have you ever been convicted of a crime? Yes No

If yes, what for, when and where? _____

6. How did you hear about the A Step Forward Hospice Volunteer Program?

- Current Employment School Church
 Family Friend Other: _____

7. What type of volunteer service/work are you interested in providing?

- Patient Care Training/Education Assistance
 Volunteer Clergy Office/Clerical Assistance
 Bereavement Services Other: _____

8. What are your special skills, abilities, training, experiences, hobbies, and interests?

9. Preferred day(s) to volunteer:

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

10. Preferred time to volunteer:

- Morning Afternoon Evening Specific time: (specify) _____

11. Have you experienced a significant loss in the past year? Yes No

12. What do you know about Hospice?

13. Please provide two (2) personal references:

Name: _____
 Address: _____
 Phone: _____
 # of years known: _____

Name: _____
 Address: _____
 Phone: _____
 # of years known: _____



JOB DESCRIPTION

HOSPICE VOLUNTEER

JOB SUMMARY

The Hospice Volunteer is responsible to and works under the direction of the individual office Hospice Volunteer Coordinator.

QUALIFICATIONS AND EXPERIENCE

- Ability to read and write
- Good communication skills
- Desire to help others.
- Willing to volunteer for a minimum of 8 hours per month for at least 6 months.
- Attend 12 hours of basic volunteer orientation and on-going educational experiences that will be held quarterly
- It is recommended that Individuals who volunteer should NOT have experienced the loss of a loved one within the past year prior to becoming a hospice volunteer.

ACCOUNTABILITY

Reports directly to the Volunteer Coordinator, who works under the direction of the A Step Forward Hospice Director of Social Services.

TYPICAL PHYSICAL DEMANDS

Requires corrected vision and hearing to normal range. Requires working at times under stressful conditions or irregular hours. Requires a driver's license and ability to drive and access a patient's home without assistive device, OR ability to access public or other transportation to and from volunteer work site. Requires ability to communicate effectively in all situations.

TYPICAL WORKING CONDITIONS

Works in clean, moderately lighted, well-ventilated office or in private homes, skilled nursing facilities or assisted living facilities. Possible exposure to communicable disease, body fluids, toxic substances, medicinal preparations,

and other conditions common to the home/facility environment. Must be able to provide own transportation and access patient's home without the use of accommodations or assistive devices.

JOB DUTIES

1. Follow Initial and on-going procedures stipulated by A Step Forward Hospice.
2. A Step Forward Hospice Volunteer may be assigned to an Individual and family. The volunteer may be involved throughout the illness, death and bereavement process.
3. Services may Include the following:
 - a. Active listening
 - b. Attend viewing, funeral or memorial services
 - c. Relief for Caregiver
 - d. Emotional support
 - e. Light housekeeping
 - f. Reading
 - g. Social interaction
 - h. Telephone follow-up
 - i. Visiting with patient and/or family
 - J. Writing letters or correspondence
 - k. Yard care
 - i. Specialized services may also be rendered by licensed professionals who wish to volunteer their time for the following services:
 - i. Beautician/Barber
 - ii. Massage Therapist
 - iii. Music/Art Therapist
 - iv. Clergy/Chaplain
 - v. Other professional services as needed by Hospice patients/families.
4. A Step Forward Hospice Volunteers will be required to document visits on Hospice Volunteer/Patient related progress notes, and record time spent doing volunteer work on the Volunteer Time Log. Volunteers will be required to turn in all progress notes and time logs every Monday to the Volunteer Coordinator.
5. A Step Forward Hospice volunteers may also have the opportunity to assist with duties in the Hospice office such as answering phones, entering data, filing and general clerical duties.

6. A Step Forward Hospice volunteers may not at any time provide transportation to patients or other caregivers/family members.
7. A Step Forward Hospice Volunteers will be required to report any changes in the physical or mental condition of the Hospice patient, their family and/or the primary caregiver that are observed during the visit to the local Home Care/Hospice office. A reminder of this policy is stated on the Hospice Volunteer Patient Related Progress Note.
8. Each volunteer will have a sticker located on the back of their name tag which gives information as to who and where to call to report such information. The same number should be called to report an emergency that may occur during the visit or in case of death. When calling to report concerning any changes, emergencies or a death the volunteer should identify themselves fully at the beginning for the call by saying, "Hello my name is _____
I am the A Step Forward Hospice Volunteer for _____ (patient's name). The volunteer should then state their need. If the situation required immediate assistance, the volunteer should state that they have an emergency and need to speak to a Clinical supervisor.

Volunteer Name (Please type for electronic signature)

Date: