



Administrative Volunteer Job Description

Supervised by: Volunteer Coordinator & Office Assistant

Interrelationships: Patients, Family and other health care team members

Job Summary: In cooperation with other team members, provide supportive care to the terminally ill patient/family to enable the patient to die at home.

Qualifications:

1. Eighteen years of age or older required and demonstrates exceptional maturity.
2. Commitment to the hospice philosophy and concept of care.
3. Possesses good interpersonal communication skills.
4. Ability to work within an interdisciplinary team setting as well as independently.
5. Possess good organizational skills with attention to detail.
6. Computer skills helpful, but not necessary.
7. No experience necessary

Training/Licensure: Must have completed a hospice-training course (missing no more than two sessions, making up missed material as directed by the Volunteer Coordinator).

Responsibilities:

1. Assist paid staff with organizing, preparing, and implementing mailings.
2. Assist paid staff with other administrative duties including filing, organizing, copying, maintain of records/files etc.
3. Update various mailing list databases, as requested, including data entry of names, addresses, and other information.
4. Maintain accurate records of time.
5. Maintain patient and/or office confidentiality and privacy.

I, _____ agree to personally commit to the hospice concept and am aware of the responsibilities of my involvement as a volunteer.

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date

Please rank the kind of work you would like to do (1-5):

___ Direct Contact with Patient/Family ___ Bereavement Support
___ Office Work ___ Fundraising
___ Other (ex. Speakers Bureau, assistance with family needs) _____

If you are interested in direct patient care, what would you prefer to do?

___ Spur of the moment work (Ex. Sitting for several families as needs arise)
___ Work requiring more advanced notice (Ex. Assignments to one particular case over extended period of time)
___ Bereavement Work (Providing support to families after the patient's death)

Is there any circumstance when you will not work with a patient?

Describe your views about life and death.

How did you learn about High Country Health Care System Hospice?

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|--|------------------------|
| Have you ever volunteered for hospice before? | Date if yes: Where: |
| Have you ever been convicted of a Misdemeanor? | If yes please explain: |
| Have you ever been convicted of a felony | If yes please explain: |

I give my permission for High Country Health Care and Hospice to conduct a Criminal Background Check

Signature

- I certify that all statements made on this form are true, complete, and correct. I authorize you to contact the references I provided. I understand that any false information on this application will cause for termination as a volunteer.
- I understand that I must complete a volunteer training program before give an assignment with a patient. I am willing to participate in High Country Health Care Hospice's ongoing activities for volunteers.
- I also understand that I must attend at least two in-services a year to continue to be assigned to patients.

Applicants Signature

Date

| | |
|--------------------------|-------------------------------------|
| Date References Checked: | Date Criminal Record Check Cleared: |
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