



Bereavement Volunteer Job Description

Supervised by: Volunteer Coordinator & Bereavement Coordinator

Interrelationships: Patients, Family and other health care team members

Job Summary: In cooperation with other team members, provide supportive care to the families of former hospice patients.

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. If leading groups: proven experience or education in related field of counseling (grief & support).

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). In addition to required volunteer training, must complete training specific of bereavement program.

Responsibilities:

1. Assist the Bereavement Coordinator with bereavement contacts which includes telephone calls, home visits, mailings, cards, etc.)
2. Assist Bereavement Coordinator with administrative duties such as filing, charting, letters, organizing, copying, etc.
3. Update various mailing lists and database, data entry.
4. Maintain accurate records of time.
5. Participate and/or assist with grief groups and other counseling as needed.
6. Assist with special projects-planning and implementation such as Camp Sunshine

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

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date

Signature of Bereavement Coordinator

Date



Volunteer Application

Date _____ DOB _____

Name _____
 First Middle Last

Address _____
 Street City Zip Code

Telephone:
Work _____ Home _____ Cell _____

Email _____

Emergency Contact _____ Phone _____

Relationship _____

On whom do you call on for support? _____

Have you experienced any deaths in your family or those close to you?

___ YES ___ NO

If yes, specify your relationship with deceased and give date of death.

List previous and current work and/or volunteer work, including places, dates, and type of work performed:

List any special skills/hobbies/interests you have (Ex. Genealogy, love of dogs, massage, love to read, crochet, etc...)

When will you be available to volunteer?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

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?

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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