



Marketing & Fundraising Volunteer Job Description

Supervised by: Volunteer Coordinator and/or Marketing Director

Interrelationships: Office Staff, Community Members, Other Volunteers

Job Summary: Provide support for fundraising activities, help raise Hospice awareness in the community and educate the general public

Qualifications:

Experience Not Required

Training/Licensure: Must have received a brief (2 hour maximum) overview of Hospice, if needed.

Knowledge/Skills/Ability: Must be able to perform as a team member, having the ability to work with and relate well to others. Must be willing to work with others regardless of race, color, social economic status, or creed; respecting their beliefs and philosophy without imposing personal value system.

Physical Requirements: If you cannot lift boxes, bend, stoop or have problems with hand movements please let supervisor know

Mental Requirements: Must be able to work with other volunteers and be able to follow detailed instructions

I have read the above job description and understand the duties and responsibilities associated with the position. I can perform the essential functions of this position without specific accommodations.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

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?

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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