



## Patient/Family Volunteer Job Description

**Supervised by:** Volunteer Coordinator

**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:**

Educational/Degree: Must be 18 years of age.

Experience Not Required

**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).

**Knowledge/Skills/Ability:** Must be able to cope with difficult situations, i.e. a terminal illness, and all its implications. 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 patient/family regardless of race, color, social economic status, or creed; respecting their beliefs and philosophy without imposing personal value system. Must be able to listen, report patient/family data, and keep accurate records. Must demonstrate integrity in all areas as determined by personal references. Must be able to respect the home environment of patient/family.

**Physical Requirements:** Must be willing and able to perform task. When necessary, such as: Light household chores, meal preparation, laundry, and respite care. Must provide evidence of annual TB test.

**Mental Requirements:** Must make regular visits to patient and family as often as is needed in each situation. Must work with other volunteers, medical and non-medical, in the provision of the best possible care as defined in patient care plan. Must uphold the hospice standard of care. Must participate in the continuing education classes. Must keep up-to-date records as required by the volunteer coordinator. Must maintain confidentiality at all times. Must be willing to do other duties as appropriate. Offer friendly visits to patients and families with an awareness of family systems and dynamics.

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.

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Volunteer's Signature

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Date

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Volunteer Coordinator's Signature

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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?

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Describe your views about life and death.

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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.

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Applicants Signature

Date

Date References Checked:	Date Criminal Record Check Cleared:
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