



VOLUNTEER OPPORTUNITIES & APPLICATION

Thank you for expressing an interest in volunteering at The Center for Hospice & Palliative Care. As the needs of the community continue to change and grow, so do the programs we offer to meet these needs. There are several ways you can bring your time and talents to enhance the services we provide. Please take some time to review the following opportunities and indicate on the application your areas of interest. We have a specially designed youth program for volunteers age 13 and up. Individuals who are younger than 13 can volunteer if accompanied by a parent or guardian.

Special Event Volunteers - *These volunteers work with our Foundation Staff to raise awareness and funds in the community.* All interested volunteers are put on a mailing list and notified of upcoming special events through mailings. Some examples of our more popular events are:

- Hospice Spring Bouquet Sale - March
- Memorial Walk - May
- Sunflower Days - June
- Taste of Buffalo - July
- Summer Affair - August
- Harvest Festival - October
- Share-the-Bear Holiday Promotion - November & December
- Light-A-Life Tree - November & December
- Special donor events
- Other Special Event opportunities will arise throughout the year

This is a great way to be introduced to volunteerism and a unique opportunity for families to volunteer together!

Administrative Service Volunteers - These volunteers work with our support staff in a variety of capacities. A brief orientation and training specific to the area in which you will volunteer will be provided on an as needed basis. There are a variety of opportunities that include:

- Phone receptionist
- Greeting campus visitors
- Bistro Volunteers
- Baking Volunteers
- Filing
- Nurses Station Unit Clerk
- Donation Acknowledgements
- Mailings
- Assembling Packets
- Photocopying Materials
- Medical Records
- Special Projects
- *Seasonal volunteers needed for Seasonal Clean-up & Gardening (great for youth groups)*

Direct Care Volunteers - These volunteers work with patients, families, and clinical staff in a variety of capacities to enhance the care we bring to the community. A take-home DVD and handbook provides a comprehensive orientation and training which is needed to volunteer in this capacity. *Direct Care Volunteers are essential to bring the mission of The Center for Hospice & Palliative Care to the community.* Areas that require direct care volunteers include:

- Hospice Home Care
- Hospice Inpatient Unit
- St. John Baptist Hospice House
- Phone Support Team - Phone check on CHF/COPD patients
- Home Connections - Support the frail & elderly in your community
- Nursing Homes
- Assisted Living Centers
- Developmentally Disabled Group Homes
- Swing Beds - Hospice beds in area hospitals
- Bereavement Visitors
- Camp Blue Skies - Children's Bereavement Camp
- Adult Bereavement Support Group Helpers

VOLUNTEER APPLICATION

Name: _____ Date: _____

Street: _____ City: _____ Zip: _____

E-mail Address: _____

Telephone: Home: _____ Cell: _____

Work: _____ Can you receive calls at work? ___ Yes ___ No

Date of Birth: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone: _____

Emergency contact address: _____

How did you find our about Hospice Volunteering?

_____ Utilized services in the past

_____ Website

_____ Newspaper ad

_____ Word of Mouth

_____ Television/Radio Ads

_____ School/Organization Volunteer hours

Current Place of Employment & Position: _____

School (TEENS ONLY): _____ Grade: _____

School Contact: _____ Phone: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Health Insurance Carrier: _____

Auto Insurance Carrier: _____

EDUCATION

Name of Schools Attended

of years/degree

Course/Major

SPECIAL INFORMATION, TALENTS, AND HOBBIES *(Please check all that apply to you)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Playing Cards | <input type="checkbox"/> House cleaning | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Hairstyling | <input type="checkbox"/> Art |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Music | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Notary | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Foreign Language (If yes, which language? _____) | | |
| <input type="checkbox"/> Home Repairs/Handyman (If yes, what is your area of expertise?
_____) | | |
| <input type="checkbox"/> Other (please explain): _____ | | |

- Registered Nurses (If you have a current license, license # _____ and expiration date: _____)

RESTRICTIONS *(Please check all that apply to you)*

- No dogs No Cats No Pets No heavy lifting No extensive standing No Smoking
- Other, please explain: _____

TIME AVAILABILITY

- | | | |
|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Late Evening | <input type="checkbox"/> Weekends | <input type="checkbox"/> Overnight |

DESIRED AREA OF VOLUNTEERING *(Please check all that apply)*

Special Events

Administrative Service

- Phone receptionist
- Greeting campus visitors
- Bistro Volunteers
- Baking Volunteers
- Filing
- Nurses' Station Unit Clerk
- Donation Acknowledgements
- Mailings
- Assembling Packets
- Photocopying Materials
- Medical Records Assistant
- Special Projects
- Gardening (seasonal opportunity)
- Mail run between satellite facilities

Direct Care

- Hospice Home Care
- Hospice Inpatient Unit
- Mitchell Campus Hospice House
- St. John Baptist Hospice House
- Nursing Homes
- Assisted Living Centers
- Developmentally Disabled Group Homes
- Swing Beds - Hospice beds in area hospitals
- TeleConnections - Phone support, respite, and transportation
- Home Connections - Support the frail & elderly in your community
- Bereavement Visitors
- Camp Blue Skies (Children's Bereavement Camp)
- Adult Bereavement Support Group Helpers
- Transportation
- Evening & Weekend Refreshment Cart

Have you experienced the loss of a loved one in the past year? If so, please briefly describe:

Have you been convicted of a crime in the past 10 years (excluding misdemeanors & summary offenses), which has not been annulled, expunged, or sealed by a court? Yes No

If yes describe in full: _____

YOUTH VOLUNTEERS: Most schools require a certain amount of volunteer hours for specific courses or graduation. Will you be fulfilling these hours through volunteering with Hospice?

_____ Yes _____ No (If yes, how many hours do you need? _____)

Do you plan on volunteering once these hours are complete?

_____ Yes _____ No

REFERENCES

Two references are required of The Center for Hospice & Palliative Care volunteers. References from work or volunteer assignments are most helpful. Personal references will also be accepted. *Please use full names & provide complete addresses.*

1. Name: _____

Street: _____ **City/State:** _____ **Zip:** _____

Position/Relationship to you: _____ **Phone:** _____

2. Name: _____

Street: _____ **City/State:** _____ **Zip:** _____

Position/Relationship to you: _____ **Phone:** _____

I hereby authorize The Center for Hospice & Palliative Care to request of the above individuals' information regarding my appropriateness as a Center for Hospice & Palliative Care volunteer.

Signature _____

Return completed forms to:
Volunteer Department
The Center for Hospice & Palliative Care
225 Como Park Boulevard
Cheektowaga NY 14227-1480