

THE CENTER FOR HOSPICE & PALLIATIVE CARE

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:

- Mardi Gras - February
- Hospice Spring Bouquet Sale - March
- Kan Jam for Kids - April
- Memorial Walk - May
- Sunflower Days - June
- Taste of Buffalo - July
- Radiothon - July
- Harvest Festival - October
- 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 you will volunteer in 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 & 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:

- 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
- Children’s Bereavement Support Group Facilitators
- Adult Bereavement Support Group Helpers
- Essential Care – Pediatric Program

Volunteer Application

Name: _____

Date: _____

Street _____ City: _____

Zip: _____

e-mail address: _____

Telephone: Home: _____ Work: _____

Can you receive calls at work? ___ Yes ___ No

Cell: _____

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

___ Web-site

___ Newspaper ad

___ Word of Mouth

___ Television/Radio Ads

___ School/Organization Volunteer hours

Current Place of Employment _____

TEENS: School _____ 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 or degree	Course or Major
_____	_____	_____
_____	_____	_____

Special Information: Please check all that apply to you:

<input type="checkbox"/> 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"/> Foreign Language	<input type="checkbox"/> Notary	
<input type="checkbox"/> Home Repairs/Handyman	<input type="checkbox"/> Veteran	
	<input type="checkbox"/> Yard Work	

Other, please explain: _____

Registered Nurse If you have a current license, license # _____

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
- _____ Mail run between satellite facilities

_____ Direct Care

- _____ 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)
- _____ Children’s Bereavement Support Group Facilitators
- _____ Adult Bereavement Support Group Helpers
- _____ Essential Care – Pediatric Program
- _____ 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 assignment are most helpful. Personal references will be accepted. Please use full names & give complete addresses.

1. **Name:** _____

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

Position: _____ **Phone:** _____

2. **Name:** _____

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

Position: _____ **Phone:** _____

I hereby authorize The Center for Hospice & Palliative Care to request of the above persons' 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