

HEARTS OF PURPOSE VOLUNTEER APPLICATION



Full Legal Name: _____
Last First Middle

Do you have a preferred name: _____

Address(s) _____
Street City State Zip Code

Full-time Ohio resident? Yes No

Home/Cell Phone Number _____ May we text you?: Yes No

Email that you are checking at least once a week: _____

Emergency contact person(s) and phone number, or best communication:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Please answer honestly so we may be as supportive as possible. This information will be held confidential.

Have you ever been convicted of a crime other than a minor traffic violation? Yes No Unsure

If yes or unsure, please explain as best you are able.

In reference, we must ask each volunteer to be screened as an employee per the organization's regulations. A copy of a valid Ohio proof of identification, i.e., Driver's License or State ID, and a copy of current automobile insurance will be placed in the volunteer's file, kept up to date at all times. All Volunteers must go to Avita Ontario Hospital, located at 715 Richland Mall, Ontario, OH 44906, located on the first floor. No appointment is needed; you may call 567-307-7557 for hours of operation or to avoid busy times. Avita Work Well staff will support the completion of the required Background check and a drug test, at no cost to the volunteer. Anything needed will be provided before your appointment. **All Volunteers must complete a background check (updated every 5 years or as needed), drug screen, and training before their first assignment.**

Do you have previous experience volunteering? Yes No

If yes, please briefly explain where and when.

How did you hear of this opportunity? *Examples: Health fair, friend, flyer, Facebook?*

What interests you about becoming a Volunteer for Avita Home Health & Hospice?

Do you have a special talent, ability, or interest to share as a volunteer?

Do you already have a preferred type of volunteering, or know what kind of volunteering speaks to you most?

Check all that apply. We will be happy to answer any questions and respect changes as you grow.

Companionship Volunteer:

Providing companionship in person wherever the patient calls home. Reading to, playing cards, helping write letters, playing music, and being physically present, putting a puzzle together, sitting together enjoying TV, even silence, etc. A visit to a patient while the family steps away for a scheduled period (Often an appointment, gather grocery items, or time to themselves or friends).

Supportive Volunteer:

Time spent inside the office environment supporting staff with various clerical and event needs. Answering phones, filing, event set up, tear down, or participation, holiday cards, mailings, sorting, making copies, etc.

Vigil Volunteers:

Specific individuals specially trained to be directly with patients and families during the last days of life of a hospice patient. In different situations, providing a supportive presence to the patient, family, or requesting a silent presence. Non-patient direct support related to bereavement calls to families, supporting letters or mailings, and assisting with in-office memorials, etc. These specific volunteers have more training and understanding of the death and dying process, and a preference to have had some experience with death.

At no time are Volunteers expected or permitted to provide any hands-on patient care or transportation for patients or their family members.

WE WOULD LIKE TO KNOW A LITTLE MORE ABOUT YOU

What are your hobbies or interests?

What makes you smile?

Are you comfortable reading aloud to someone? Yes No

Please list or describe anything that would limit your desire to accept a volunteer assignment. Additionally, are there any accommodations you would like to communicate to staff? *Example: Allergic to animals, cats especially. Rather not be around cigarette smoke; it bothers me. Location or area.* List as many as needed:

If you are enrolled in school, High School, Tech Program, GED, or College, what is your area of study?

Are you volunteering for a school or project that requires additional paperwork or staff signatures? Please explain, and ensure any documentation needed for review is presented promptly.

Have you had a personal experience in healthcare? Any experience with death/dying?

Examples: you have had a job or position working in a clinical setting, someone you loved or cared about passed away, attended a funeral, provided supportive care for a family member, helped a grandparent, or some other relevant information else you would like to share?

VOLUNTEER BILL OF RIGHTS

I, as an Avita Home Health & Hospice Volunteer, have the right to:

Be treated with respect.

Have a safe working environment.

I will be given any known information necessary to complete my visit.

Be given appropriate training and request support as needed.

Be given assignments that take into consideration my expressed limitations /accommodations.

Be given assignments that take into consideration my experiences, education, and any background given. As well as expressing growth opportunities.

The importance of volunteering cannot be overstated. The services provided by an Avita Home Health & Hospice Volunteer enhance the quality of life for patients and their families. You are an extension of the team.

Hospice provides support for patients and their family members in the final stages of an incurable disease. Hospice care does not hasten or prolong death. Assessments are often conducted by clinical staff to individualize a plan of care that provides the most comfort, dignity, and respect for the patient and family. Physical, spiritual, and emotional services and care are provided by the hospice team, comprising professionals and volunteers.

Avita Home Health & Hospice's Philosophy centers on the belief that the **highest-quality community healthcare** is essential to improving the overall health of families throughout their lifespans. The organization's mission emphasizes the importance of **personalized care**, where services are tailored to meet the unique needs of each patient. They focus on providing **comfort and care** in the patient's own homes, which is particularly beneficial for those recovering or managing symptoms. Avita Home Health and Hospice also prioritizes **education and community engagement**. The organization is dedicated to serving the community with "Services You Can Trust" and is committed to being the first choice for community providers.

You don't just give with your time—it's a reflection of what the heart gives.

For in everything you do, we are so deeply grateful.

VOLUNTEER EXPECTATIONS & PROFESSIONAL BOUNDARIES

Keep a professional, clear understanding at all times, and distinguish volunteer duties from friendships.

Maintain self-awareness by being honest with yourself. Don't over-commit. We want you healthy.

Have realistic expectations of yourself and of those around you, remain caring and compassionate without getting too emotionally involved.

Keep communication open with your Volunteer Coordinator. We are here to support.

Show active listening skills, and remember confidentiality for both yourself and the patient.

Focus your visit on the patient, and keep all information between you and the Volunteer Coordinator for discussion, concerns, or debriefing, etc. Remember to keep any patient information, including a volunteer note, inside an envelope, as privacy always matters.

Understand we may see changes in patients or family members experiencing fatigue, insomnia, grief, frustration, and irritability. Situations can be very delicate, so practice understanding and not taking it personally.

Do not give your personal information to families or patients; this can escalate into a boundary issue, and the Volunteer Coordinator should be responsible for supporting scheduled visits.

A volunteer cannot visit more or less than the order on the care plan until updated by the Volunteer Coordinator. We must follow our job description, not give diagnoses or document medical verbiage.

A volunteer, patient, or patient's family can decline or cancel a visit, but it must be reported to the Volunteer Coordinator immediately. Documentation must be provided.

Documentation is very important and needs to be turned in to the Volunteer Coordinator as soon as possible, preferably within 24 hours. Email, mail, drop off, request pick-up, or call with a reasonable time frame.

Please use only blue or black ink when possible, not erasable ink or pencil. If an error is made, please draw a straight line through the mistake and put your initials. No scribbled out, white-out, blurred, or blank areas are acceptable. Please rewrite if needed.

Accept everyone wherever they are emotionally, be a gift of presence. We do not "fix," "rescue," or "understand".

Communicate with dignity: example, adults do not use bibs, diapers, or baby items. Use correct terms: bib-clothing protectors, diapers, adult briefs, etc. Dignity is important to everyone at all times.

Refrain from communication that sounds like: "everything is alright," "it will be fine," "I know how you feel," "no more suffering," etc. These aren't helpful in most cases.

Remember helpful phrases: "I am sorry to hear," "I cannot imagine," "I honestly do not have the words to help," "May I ask how I could help?" These phrases tend to be much more valuable and universally accepted.

SAFETY FIRST, PROTECTING EVERYONE

Let's review some safety-first tips to keep everyone safe & enjoy their time well spent.

Never communicate negatively about anyone or any place in healthcare in general, or give preferences.

Never give medication. Do not touch them. Not even over-the-counter medications. Family or staff nurses only. No, we cannot hand them over. That's touching.

Never assist with moving or ambulating anyone. Professionals, employees, or family. We are trained for safety. Talk to the patient or try a distraction to keep them safe. Call the office if uncomfortable.

Never drive a patient or a family member of a patient; we do not cover under insurance, that's a big personal risk. Staff do not transport; we will not ask you to do so either.

Never do anything financially. No touching checks, debt, or credit cards, no handling cash for any reason. Someone else can order and prepay, just not you. Protect yourself always. Call the office if ever in question. If the pizza man comes to the door, I would not take the money off the table and pay for it. That's a transaction. Neither staff nor volunteers handle any transactions.

No feeding or assistance with food or drink. Patient must put food/drink into their mouth on their own. We cannot guide the spoon into the mouth or tilt a cup to get the last drop. Verbal cues are accepted, such as your straw being on the wrong side of the cup, which may indicate you want to turn it around. Example: A blind patient, you could verbalize that the apple slices are at 10 o'clock on their plate. If they asked you.

If you are ever in a situation that feels like it crosses the line, ask to do something you are unsure of, need an easy way to say no, get the Volunteer Coordinator on the phone, if not available, call into the office and ask for a supervisor immediately.

Protect yourself, "I am unsure if I am permitted to do so, let's call in and ask, it will only take a moment."

Let the staff disappoint the person asking you; if you are not comfortable or feel confident, please call!

Call the office first. We will either send a nurse or decide on a squad 911 call.

Don't leave a patient alone. Don't accept gifts, eat or drink in front of the patient or family.

Don't ignore your gut. Don't allow yourself to stay or be uncomfortable.

Do not help yourself to anything that is not yours.

Communication is the center of everything.

You are successful; please show it off with documentation.

Date, time, travel time, visit note, corrections with one line and initials—24-hour rule.

UNDERSTANDING DIFFERENCES

Non-verbal cues speak louder than words.

Smile warmly.

Refer to patients and family members by their name only.

Talk about one thing at a time.

Use things like photos or sports teams in the room to start a conversation.

Avoid distractions.

No need to correct a patient or family member unless it's directly about yourself.

Don't tell your personal stuff.

Remember, you are not the only one who is nervous, too.

Remember it's hard to remember names sometimes, says it to me...

Keep it simple.

Always ask.

Touch is okay, like holding a hand or offering a hug in comfort, but always ask.

Understand your task at hand.

Communicate the time allotted if someone is leaving.

It's okay, give it a shot, next time maybe it will get easier.

Oftentimes, a 2-hour visit goes really fast when we connect.

Please no nicknames or baby talking.

No diagnosing verbally or in a professional clinical manner.

Highly recommend reading:

Gone from My Sight

When the Time Comes

HOSPICE VOLUNTEER JOB DESCRIPTION

Must be able to read and write in English and follow both verbal and written instructions.

Understand the regulations and principles of patient confidentiality, the Health Insurance Portability Act (HIPAA)

Understand the philosophy of hospice, patient care, family dynamics, communication skills, and grief.

Refrain from hands-on care, counseling, or therapy; provide legal or financial advice; make decisions for a patient or family member; and offer practical advice. Do not obtain from any purchase or support any financial transactions, or obtain any form of payment.

Provide correct documentation and return it promptly. Wear a provided name badge at all times.

Have reliable transportation. Have and use the ability to work with diverse populations

Engage patients through enrichment activities. Provide companionship.

Promote patient dignity, privacy, and respect for personal and property.

Possess strong interpersonal skills, utilize high levels of compassion, patience, and emotional resilience.

Have the emotional strength to provide emotional support to terminally ill patients and their families.

Ability to handle difficult conversations with tact and sensitivity.

Be dependable, respectful, and maintain confidentiality. Ability to commit to a regular schedule

Have a personal comfort level with a hospice environment that supports those at the end of life.

Must attend provided training sessions and meetings to stay informed on policies and procedures.

Participation in ongoing education for safety, new protocols, and industry best practices.

Communicate effectively and with the hospice team about any patient concerns or needs.

No taking animals or other individuals who are not agency staff to meet patients or family members.

Exercise caution when wearing any perfumes, colognes, and avoid strong scents.

No smoking or vaping in the home or on the property of a patient.

As a Volunteer, it is very important to maintain proper hygiene and a modest appearance.

We must remember that we are not professional clinicians and cannot document anything clinical or diagnostic in volunteer notes.

Example: Patient XYZ seems to have dementia. She went to the bathroom and fed herself breakfast.

Correct: Patient XYZ and I spent time at the kitchen table, I read her the newspaper while she had her breakfast. Family assisted to the bathroom. *Perception is everything, let's be proactive together!

**I have read and understood the Volunteer Application and answered all questions to the best of my ability.
I have received and understand the Handbook.**

Initial _____ Date ____/____/____

I have read and understood the Volunteer Bill of Rights (Page 4).

Initial _____ Date ____/____/____

I have read and understood the Volunteer Expectations & Procedures (Page 5).

Initial _____ Date ____/____/____

I have read and understood the Safety First, Protecting Everyone document (Page 6).

Initial _____ Date ____/____/____

I have read and reviewed the understanding differences document (Page 7).

Initial _____ Date ____/____/____

I have read and understand the Hospice Volunteer Job Description (Page 8).

Initial _____ Date ____/____/____

Print your name: _____

Signature of Applicant _____ Date ____/____/____

Avita Home Health & Hospice Volunteer Coordinator/ or Signature of Employee & Title:

_____ Date ____/____/____

