







**Special Skills and Qualifications** (Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports).

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**Person to Notify in Case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**References - Please list 2 individuals as character references**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you know this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you know this reference? \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete; I understand that if I am accepted as a volunteer and there are false statements, omissions or misrepresentations made by me on this application, it may result in my immediate dismissal.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference or disability.

**Following all compliance regulations, we complete criminal background checks, sex offender registry checks, and PPD testing prior to our volunteers being scheduled.**

Thank you for completing this application form and for your interest in volunteering with us. We will contact you soon regarding the status of your application.

Sarah Russ, Hospice Volunteer Coordinator  
[Sarah.Russ@wcbay.com](mailto:Sarah.Russ@wcbay.com)  
(Office) 757-217-2482 (f) 757.496.1771

## **WESTMINSTER CANTERBURY AT HOME HOSPICE**

### **JOB DESCRIPTION: HOSPICE VOLUNTEER**

**DEPARTMENT: WESTMINSTER CANTERBURY AT HOME HOSPICE**

#### **OCCUPATIONAL SUMMARY**

Under the direction of the Hospice Volunteer Coordinator, the Volunteer will provide for the hospice patient's physical, social, emotional, vocational, spiritual and cognitive needs through one or more of the following: patient care, bereavement, errands and/or office support services according to his/her experiences and training, in compliance with WCAH policies. This position is not compensated for services performed.

#### **DUTIES AND RESPONSIBILITIES**

Within the limits of authorized inter-company and community policies, procedures, programs and budgets, this position has responsibility for and/or will perform the following:

1. Serves as an integral member of the Hospice Interdisciplinary Group amid various settings: home care; respite; inpatient, bereavement and/or administrative; office duties.
2. Performs tasks assigned and serves the patient and family/caregiver under guidance of nurse or as part of the administrative team.
3. Provides pertinent input to Hospice Volunteer Coordinator and Interdisciplinary Team regarding changes and modifications in the patient interactions plan of care that will assist in overall program and services improvements.
4. Documents hours and services as instructed and maintains confidentiality in compliance with HIPPA.

5. Serves as a substitute family/caregiver in the home performing activities that the volunteer has been prepared for and has agreed to perform. The volunteer may do homemaker chores, run errands, and provide respite care as well. Only works with patients as assigned.
6. Provides availability on a regular basis and/or in keeping with the patient and family/caregiver needs.
7. Complies with agreed upon schedule
8. Participates in volunteer support groups and/or educational in-services.
9. Maintains open communication and reports regularly to the Hospice Volunteer Coordinator.
10. Interacts with hospice patients in a manner compliant with their rights at all times.
11. At direction of Coordinator, implements special projects to address the needs of hospice patients/family/caregivers.

Performs other related duties incidental to the volunteer work described herein.

#### PHYSICAL REQUIREMENTS

Demonstrated ability to perform the following

- Sit, stand, bend, lift and move intermittently during scheduled volunteer hours up to eight hours a day
- Assist patients in wheelchairs and/or walkers and provide direction as needed
- Drive as required
- Work in patient homes and in office area
- to lift, push, pull and move medical supplies, equipment etc.

#### EDUCATION, TRAINING AND EXPERIENCE

- No specific requirement for education
- Volunteer experience or working in a health care or long term care setting and working with seniors a plus

- Successful completion of Hospice Volunteer training and orientation prior to assuming responsibilities or willing to participate in WCAH Hospice Volunteer training program

**PERSONAL CHARACTERISTICS**

- Mature individual supportive of the Hospice concept, comfortable with his/her spirituality and willing to serve others in a volunteer capacity.
- Ability to work within an interdisciplinary group

**RELATIONSHIPS**

Reports to: Hospice Volunteer Coordinator

Westminster Canterbury reserves the right to change or modify this job description at any time. In accordance with regulations, employees of Westminster Canterbury and/or its affiliates are not permitted to volunteer in positions for which they receive compensation as an employee.

**REQUEST FOR ACCOMMODATION**

**Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.**

I request the following accommodation:

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\_\_\_\_\_  
Employee Name [Print]

\_\_\_\_\_  
Supervisor Name [Print]



## **“Employees as Hospice Volunteers” Policy**

A special note to those current Westminster Canterbury employees who wish to volunteer in our Hospice Program: **“Thank you very much for the care and concern you are showing by wanting to volunteer with Hospice. Your support of the regular Hospice staff, as well as those receiving care, is greatly appreciated in ways you will never know. We wish you will in your volunteer efforts and hope you find joy and contentment in your service.”**

*In that you are already a Westminster-Canterbury or WCAH employee, federal regulations require that you follow certain rules and policies while volunteering at Hospice. Please review the following standards and sign the bottom of this form acknowledging your understanding of these requirements and your agreement to adhere to them.*

1. Current WC employees may volunteer with the WCAH Hospice Program. They must notify their regular supervisor if they are doing so.
2. Employees may not volunteer while they are ‘on the clock’ or during their normal working hours.
3. Employees will receive volunteer assignments from the Volunteer Coordinator and only volunteer where assigned.
4. Employees may not perform their regular WC job as a volunteer. In other words, if you are working as a nurse, you cannot take a volunteer job as a Hospice nurse.
5. Employees have a separate volunteer job description.
6. Employees must go through volunteer training and orientation.
7. Employees must follow volunteer policies and procedures while volunteering including, for example, wearing a volunteer name badge, tracking hours and working only where and when they are scheduled.

### **ACKNOWLEDGEMENT**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee’s Community/Location

**VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)**  
**PARENTAL CONSENT REQUIRED**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Westminster Canterbury at Home. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Westminster Canterbury at Home and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Westminster Canterbury at Home, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Westminster Canterbury at Home. I hereby release and discharge Westminster Canterbury at Home, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Phone Number(s) for Emergencies

\_\_\_\_\_  
Signature of Volunteer Coordinator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer Coordinator or Designee

Please return to: Volunteer Coordinator (sarah.russ@wcbay.com), or turn the form in personally to: Westminster Canterbury at Home, 3181 Shore Drive, Virginia Beach, VA 23451 or fax to 757-496-1771. Any questions, please call 757-217-2482.

**REQUEST FOR CRIMINAL HISTORY RECORDS CHECK**

Please complete as indicated.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name (No Initials)

\_\_\_\_\_  
Maiden Name                      Suffix (Jr, Sr, III, Esq, etc.)

\_\_\_\_\_  
Birth Date                      Sex: \_\_\_\_\_                      Race: \_\_\_\_\_                      Social Security Number

Male/Female                      I: Indian or Alaskan Native  
A: Asian or Pacific Islander  
B: African American  
W: Caucasian  
U: Unknown/Other

\_\_\_\_\_  
Supervisor

I hereby authorize Westminster-Canterbury to make any investigation of any information required so that I may be a volunteer. I also understand that Westminster-Canterbury will conduct a Criminal Records Check through the Virginia State Police and sexoffender.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date received in Human Resources	_____	Human Resources initials	_____
Date request entered Virginia State Police	_____	Human Resources initials	_____
Date reviewed on nsopw.gov	_____	Human Resources initials	_____
Sex Offender record satisfactory	_____	Human Resources initials	_____
Date of reply from State Police	_____	Human Resources initials	_____
Candidate Eligible for Hire	YES      NO		
Date supervisor informed	_____		

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### **Sex Offender Website Information**

As required by state law, this is to inform you that there is a website available that serves to list all peoples convicted of a sex crime. Assistance is available, if you would like to access the website.

The website address is:

**[sex-offender.vsp.virginia.gov/sor](http://sex-offender.vsp.virginia.gov/sor)**

Information is obtained from the website prior to any person(s) completing the volunteer orientation process. This information is kept in a confidential manner.

By signing below, you are acknowledging that you are aware of the website, that assistance is available to access the website, and that all volunteers are screened using this website.

Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_