

VOLUNTEER APPLICATION PACK



"Hospice is willing to lend a hand"

A nei matou hei ringa ringa awhina

37 Goulstone Road PO Box 275
Whakatane
Phone: 07 307 2244
Fax 07 307 8057
Email: info@hospiceebop.org.nz

Job Description

TITLE: **Hospice Support Volunteer**

TIME REQUIRED: Casual – variable hours per week

OBJECTIVE: To enhance the life of the patient, by providing support and assistance to the patient, their caregiver, and their family / whanau. To provide appropriate support and assistance to Hospice Eastern Bay of Plenty when needed.

RESPONSIBLE TO: Manager – Ngaire Lewis
Family Support Co-ordinator – Vicki Seamark

FUNCTIONAL RELATIONSHIPS WITH:

Patients, their family / whanau
All Hospice Staff
Personal Carers and Health professionals
Other Hospice Volunteers

KEY TASKS:

- Complete Hospice EBOP volunteer training programme, (orientation day, followed by the 4 day experiential training programme).
- To adhere to the Hospice EBOP & Hospice NZ Palliative Care Philosophy
- Meet with an assigned patient, their family/whanau and establish rapport.
- Arrange regular visits/contact as required by patient, and their family/whanau.
- Provide support and assistance that is sensitive to individuals needs and culturally appropriate.
Support and assistance may involve: listening, providing companionship, sitting with patient for caregiver respite, completing household tasks, running errands, doing shopping, providing transport to various local appointments. (Other volunteers may be available for transporting patient to specialist appointments at either Tauranga or Waikato Hospitals.)
- Complete Volunteer Patient Weekly Contact Record & post in to Hospice each Friday
- Inform Volunteer Coordinator or nursing staff as appropriate; of any additional needs you identify that the patient may have.
- Attend monthly meetings for Family Support volunteers with Volunteer Coordinator and Bereavement Coordinator
- Undertake debriefing sessions with the volunteer coordinator if and when you feel it necessary or as directed by Volunteer Coordinator.
- Keep accurate records of volunteer hours undertaken and report these monthly to Volunteer Coordinator.
- Adhere to all relevant Government and Hospice EBOP policies, those of particular note being the Health and Safety Policy, Health Information Privacy, Emergency Preparedness Policy, Infection Control Policy, Staff Conduct Policy, Vehicle Policy.

Please Note: Volunteers are not permitted to administer medication

ROLES FOR HOSPICE VOLUNTEERS

Volunteers are a valued part of our Hospice. Everyone comes with different life experiences and different skills. Below are a range of areas we would like assistance with, volunteers may identify the areas they feel comfortable assisting Hospice EBOP with.

PATIENT AND FAMILY SUPPORT and BEREAVEMENT SUPPORT

Volunteers need compassion, kindness, sympathy, empathy, for people.

People need to be physically able to assist patients, able to observe, have good listening skills, able to be with people who are stressed without adding to their stress.

Volunteers need to "be there" for the patients and or the bereaved.

Volunteers must be in good health when visiting patients and their families, as patients often have lowered or suppressed immune systems.

Volunteers MUST have completed the full Training Programme.

DAY STAY ASSISTANCE

Thursdays

Every Thursday morning 10am to 1pm volunteers are required to at Hospice to be available for patients who attend Hospice for carer respite. This will involve conversation, companionship and making cups of tea for patients.

At Easter, mid-winter & Xmas special lunch functions are held for all patients.

Day stay will require several volunteers (depending on patient number attending) for - meal preparation of lunch, morning & afternoon teas.

Volunteers will require knowledge of food handling and hygiene, have the ability to listen to patients, observation skills, the ability to play board or card games an advantage.

Volunteers MUST have completed the full Training Programme.

ADMINISTRATION ASSISTANCE

These Volunteers will report directly to the Hospice EBOP Administrator

Volunteers need a pleasant manner, basic computer skills, able to handle money - receipt and record, phone skills.

Assisting with receipting funeral & Time To Remember proceeds, writing and sending thank-you letters for all donations.

Telephone assistants - Require a pleasant, easy to understand voice and a helpful manner. The ability to take messages, and operate our pager system. - Basic training will be given.

Newsletter assistance. Newsletters done 4 -6 times per year. Volunteers required to hand deliver these to businesses in Whakatane, Kawerau, Opotiki, Edgecumbe

Website assistance- loading maintaining and updating our website

Volunteers require orientation only

PUBLIC RELATION AND FUNDRAISING ASSISTANCE.

These volunteers will report directly to Hospice EBOP public relations cordinator.

Volunteers need to have enthusiasm for Hospice, enjoy meeting people, the ability to bring people together able to organise, plan, and work in a team situation.

People who are able to tap into a their own networks and contacts, and use these to promote specific activities and Hospice in general

Assistance with promotion of Time to Remember, Remembrance Trees, plus other promotional events and fundraising activities as arise.

Volunteers require orientation only

HOME MAINTENANCE.

General handy (man) assistance to both patients homes and Hospice house.

Need handy person skills, pleasant helpful attitude, physically able.

Some patients are independent but no longer physically able, and need assistance with basic tasks eg stacking fire wood, minor R&M, perhaps climbing a ladder to do something.

Hospice house needs regular maintenance – cleaning exterior, cleaning out gutters, water blasting concrete etc.

Volunteers require orientation only

GARDENING SKILLS.

Require knowledge and ability in gardening, be physically able, and have a pleasant manner. Required for occasional work in patients gardens, and Hospice EBOP's remembrance garden. **Volunteers require orientation only**

PATIENT TRANSPORT

Volunteers able to take patients to appointments either locally or Tauranga or Waikato Hospitals. Volunteers need their own registered and warranted, safe vehicle. Also require current "clean" drivers licence. Need to be physically able, as patients may require some assistance in and out of vehicles. Ability to listen. Local Transport - No reimbursement of costs.

Tauranga or Waikato Hospital – In many cases the patient is able to get petrol vouchers from the Hospital, (\$value is set by hospital), we ask*** patients to give these vouchers to the driver. If the appointment does not meet hospital voucher criteria a donation to cover petrol is asked ***for from patient.

****Please note Hospice will **ask** only, we will not chase up patients who do not give vouchers or a donation to the driver.

Volunteers require orientation only

EQUIPMENT DELIVERY & COLLECTION

Volunteers need to be physically able, and have a vehicle capable of safely transporting our specialist equipment to and from patient's homes.

Sometimes it is very important to family members that our bed is removed as soon as possible after the death of the patient. Hospice EBOP respects this need and hence having volunteers able to do this, sometimes at short notice, would be very helpful.

Training on installation of beds will be given.

Volunteers require orientation only

BIOGRAPHIES.

This involves listening to and recording patient's life story so that the patient can leave behind their story.

Require empathy, listening and recording skills, literacy, computer and writing skills.

Ability to work quickly and efficiently, an advantage as sometimes the patient's time is short. ** Further training will be arranged

PATIENT ADVOCATES

Empathy, listening skills, assertiveness, diplomacy, telephone skills

Involves learning about patient rights, with regard to WINZ, DHB transport criteria, Health and Disability Rights, DRC criteria, Support Net criteria etc, so the volunteer can assist the patient with presenting their case to other organisations so they attain their correct entitlements.

Volunteers MUST have completed the full Training Programme.

MASSAGE

Massage skills -gentle massage suitable for palliative patients, pleasant manner.

Many patients benefit from massage or mirimiri.

Volunteers require orientation only

Please complete the standard this form. All information you provide is strictly confidential.

Please return completed forms to, The Volunteer Coordinator, Hospice EBOP, P.O. Box 275, WHAKATANE.

Position Applied for: _____

Full Name: _____

Residential & Postal Address: _____

Telephone : Home _____ Business _____

Names of **two referees** whose consent has been obtained and who may be contacted for confidential reference, referees should not be family members.

Name of Referee		
Address		
Phone	Daytime: Evening:	Daytime: Evening:
Relationship to you e.g. employer		

I _____ (full name) consent to Hospice EBOP to seek verbal or written information from the above referees. I understand that the information received by Hospice EBOP is supplied in confidence as evaluative material will not be disclosed to me.

Signature:

Dated:



**SUPPORT MANUAL
SECTION 2.2.2
VOLUNTEER APPLICATION**

Issue Date: 28/10/08
Review Date: yrly

Ability to work Are a permanent resident of New Zealand? **Yes** **No**
If not which country? _____

Criminal Offences: Note: Hospice EBOP policy requires all staff & volunteers to undertake a police check prior to employment, please complete attached forms- .

Have you ever been convicted of any criminal offence? **Yes** **No**

If **yes** to the above give full details:

Transport: Do you have a current drivers licence? **Yes** **No**
Do you have a reliable safe motor vehicle? **Yes** **No**
Does your vehicle have current registration? **Yes** **No**
Does your vehicle have current WOF? **Yes** **No**

Health: Please note that Hospice EBOP has a smoke free policy.
Have you had any injury or medical condition, e.g. Hearing Loss, Heart Disease, or spinal (back complaints) – which the tasks of this job may aggravate.

Yes **No**

If **yes** to either of the give details:

Declaration:

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate.

Signature: _____ Date: _____

REFERENCE CONSENT - Referee 1

Name of Organisation: HOSPICE EASTERN BAY OF PLENTY

I _____ (full name) consent to the above organisation seeking verbal or written reference on a confidential basis from _____ (person) of _____ (organisation) about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying.
 I understand that the information received by Hospice EBOP is supplied in confidence as evaluative material will not be disclosed to me.

Signature of candidate: _____ Date: _____

REFERENCE CONSENT - Referee 2

Name of Organisation: HOSPICE EASTERN BAY OF PLENTY

I _____ (full name) consent to the above organisation seeking verbal or written reference on a confidential basis from _____ (person) of _____ (organisation) about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying.
 I understand that the information received by Hospice EBOP is supplied in confidence as evaluative material will not be disclosed to me.

Signature of candidate: _____ Date: _____



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**Hospice Eastern Bay of Plenty
CONSENT TO DISCLOSURE OF INFORMATION**

**Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
Wellington 6140**

I.....
Last Name **First names**

.....
Maiden or any other names used

Sex.....M / F **Date & place of Birth.....**

Nationality.....Residential Address.....

Suburb..... City.....

NZ Driver License Number.....

I hereby consent to the disclosure by the New Zealand Police information they may have pursuant to this application to Hospice Eastern Bay of Plenty. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed.....Date.....

COMMENTS OF THE NEW ZEALAND POLICE.

Agency Code: H20631

Hospice EBOP Staff: enclose a stamped, self-addressed envelope with the request