



**VOLUNTEER  
INFORMATIONAL  
PACKET**



## VOLUNTEER APPLICATION

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Name

Address

Home Phone

Mobile Phone

Email Address

Occupation

Are you retired?

Yes

No

Year

Are you a student? Yes No

If yes, location and major

Are you a veteran? Yes No

If yes, Branch/War/Years

Have you been convicted of a criminal offense?

Yes

No

If Yes Year/Reason

Briefly share why you are interested in becoming a Homeland Hospice volunteer.

Describe any personal losses or experiences with death and/or dying, and include year(s).

Please list name, relationship, phone and email addresses for two (not family) references.

1.

2.

*I understand that becoming a Homeland Hospice volunteer is contingent on application, interviews, training, required background checks, TB clearance (paid by Homeland Hospice) and demonstration of quality expected by all Homeland Hospice staff and volunteers.*

Signature

Date

Please return to: Homeland Hospice, 2300 Vartan Way, Harrisburg PA 17110 - - (717) 221-7890, ext. 8114



## HOMELAND HOSPICE VOLUNTEER PROFILE & INTERESTS

Homeland Hospice is so excited to have you as part of our team! We love to get to know our team members, and so before you begin your volunteer experience, please spend some time thinking about and answering the questions listed below. My primary goal as Volunteer Coordinator is to match your interests, skills and experiences with the proper volunteer role, provide the support and training that you need, allow for the interaction with other volunteers that you would like, communicate with you in the manner that is most convenient and thank you in the manner(s) in which you are most comfortable. Thank you for taking the time to share a little about yourself with me!

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

Role(s) Preferences: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Gifts to Share:

Veteran/Branch/Conflict/Years \_\_\_\_\_

Foreign Language \_\_\_\_\_

Computer Skills \_\_\_\_\_

Work Background \_\_\_\_\_

Education \_\_\_\_\_

Hobbies \_\_\_\_\_

Skills \_\_\_\_\_

(What makes you unique?)

Other \_\_\_\_\_

### Willing to serve in the following environments:

\_\_\_\_ Smoking \_\_\_\_\_ Rural \_\_\_\_\_ Facility/nursing home

\_\_\_\_ Dogs in home \_\_\_\_\_ Urban/City \_\_\_\_\_ Patient's personal home

\_\_\_\_ Cats in home \_\_\_\_\_ Extreme clutter \_\_\_\_\_ Winter Travel (within reason)

\_\_\_\_ Other Pets \_\_\_\_\_ Oxygen in home \_\_\_\_\_ Other: \_\_\_\_\_

### Availability:

\_\_\_\_ Weekdays \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

### Preferences:

Traveling distance (miles): \_\_\_\_\_

Planned number of visits per month: \_\_\_\_\_

Will make phone calls (if applicable) between visits: \_\_\_\_\_

**Willing to:**

☐ Transport patients      ☐ Phone Patient      ☐ Light Housekeeping      ☐ Respite  
☐ Run errands for patient      ☐ Do yard work      ☐ Grocery Shopping      ☐ Vigil

Do you want to expand certain skills and/or learn new ones? \_\_\_\_\_ Please share what those are:

What kind of experiences are you hoping for:

**Do you prefer to:**

☐ Work Alone      ☐ Work with Others      ☐ Have a mix of working alone and gathering with others

**How do you find it helpful to receive support and communication? (Check all that apply)**

☐ Written      ☐ Telephone Calls      ☐ Emails      ☐ Texts  
☐ Groups (IE: meeting with other volunteers)      ☐ Meeting one-on-one with Volunteer Coordinator  
☐ Other

**In what ways do you like to receive training? (Check all that apply)**

☐ Written/self-study      ☐ Books      ☐ Movies      ☐ Speakers      ☐ Group Gatherings  
☐ Electronic/Computer      ☐ Other: \_\_\_\_\_

# VOLUNTEER ROLES



## Patient/Family Support

Volunteers may choose to be involved in one or all of the following support activities:

- ♦ Visit patients to provide companionship and support.
- ♦ Help with simple household tasks.
- ♦ Support family by offering respite while they are away from home for brief periods.
- ♦ Assist with yard work—mowing, flowers.
- ♦ Transport to appointments or run an errand.

## Pet Visits

Involve your four-legged best friend and provide visits to patients at home or in Nursing facilities. Pets may be dogs, cats, rabbits, miniature ponies, and more. Certification from approved pet therapy program required.

## End of Life Vigil

- ♦ Support a patient by being quiet presence.
- ♦ Provide valuable respite for the family
- ♦ Needs can be during the day, evenings and weekends to

## Bereavement Support

- ♦ Send letters to bereaved family members.
- ♦ Help host support groups; must have had loss in life.
- ♦ Make phone calls to bereaved individuals who are assessed "low risk" in their grieving processes.
- ♦ Visit with bereaved persons assessed "low risk" in their grieving process to provide comfort, companionship, and listening.

## Administrative

- ♦ Assist with mailings, making labels, and filing
- ♦ Data entry
- ♦ Scanning of documents

## Special Events/Development

- ♦ Help with planning of special events.
- ♦ Serve as support on "day of" event.
- ♦ Assist with data entry, and writing "thank you" notes

## Phone Calls

- ♦ **Follow-Up Calls**—Call patients who were admitted to Homeland Hospice service within the past few weeks to ask how the admission process has gone, whether all needed supplies have been delivered, and if there are any issues or concerns that the patient/family would like to share.
- ♦ **Live Alone Calls**—check in on patients who reside alone in their home to ask how they are and to learn if there are any concerns or additional services that can be offered.

-TURN OVER-

For more information: contact Ory Bower at 221-7890, ext. 8114 or [obower@homelandhospice.org](mailto:obower@homelandhospice.org)

# VOLUNTEER ROLES



## Music

Volunteers can share comforting music in a number of ways:

- ♦ Individually meet with hospice patients in their home, nursing home or hospital to share vocal or instrumental music.
- ♦ As a group, meet with hospice patients in nursing homes to share vocal or instrumental music. Services can also be provided as part of a Vigil program, offering comfort to a patient (and their family) who is actively dying.
- ♦ Download music for patients to enjoy. This would involve talking with family members and/or the patient regarding their music preferences (i.e.: religious hymns, jazz, music from the 1950's, and etc...), then finding, selecting, and downloading the music from Spotify. Music will be specific to each patient's interests.

(This program is currently in the infancy stage of development, so interested volunteers could assist with forming and creating the program.)

## "Veteran to Veteran"

- ♦ Veteran Volunteers provide companionship and opportunities for reminiscing to Veteran patients.
- ♦ Assist in recognizing our Veterans for their military service through "Pinning" or other ceremonies.

- ♦ Speak a language other than English?
- ♦ Able to cut hair, or provide manicures? (PA license required)
- ♦ Good with photography?
- ♦ Enjoy baking and making cupcakes?
- ♦ Have a talent or skill that you would like share?

## Ancillary Services

The end-of-life journey is a difficult time when extra comfort and support is needed as families are fatigued physically, emotionally and spiritually.

- ♦ **Quilting and Knitting**—homemade quilts and prayer shawls offer not only warmth, but comfort, for patients and/or family members.
- ♦ **Sewing** - Make small bags for essential oils, or Fidget Mats, a lap-size quilt that provides sensory and tactile stimulation for the restless hands of someone with Alzheimer's or other forms of dementia.
- ♦ **Casseroles/Soups**—a hot and homemade dinner can be a luxury item when ill or caring for a loved one. Soups or easy to bake casseroles not only fill the belly but the soul.
- ♦ **Casserole Courier**—Deliver meals to families.
- ♦ **Care Cards**—homemade cards with encouraging messages provide a "paper hug" and smile to our patients.
- ♦ **The heART Program**—photography, paintings, drawings, wood burning, and etc... become part of Homeland's art collection that is shared with patients in facilities who have boring white walls.
- ♦ **My Life, My Legacy**—interview patients and record their life story. Information is provided to patient/family as a spiral bound booklet.

*Contact the Volunteer Coordinator and we'll discuss how we may be able to incorporate your talents and interests into the volunteer program!*

-TURN OVER-

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