



Nanaimo Community Hospice Our Vision:

At Hospice we believe that dying, caregiving, and grieving are three of life's greatest challenges. Our Vision is that the dying will experience dignity and peace; their caregivers will receive the help they need; and their families and friends will be supported in their grief.

Client-Based Core Volunteer Training Program

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NANAIMO COMMUNITY
HOSPICE

Caring • Commitment • Compassion

The generosity of our community enables us to offer our palliative and bereavement programs at no cost to the participants

**Nanaimo Community
Hospice Society
(A United Way Agency)**

**1080 St. George Crescent
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info@nanaimohospice.com

HOSPICE VOLUNTEER OPTIONS

Hospice Volunteers come with a wide range of life experiences and skills that enable them to offer practical assistance and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses experienced during the final stages of living, caregiving and bereavement.

Hospice Volunteers work as part of the Hospice Palliative Care Team (consisting of the patient, their family and friends, healthcare professionals and volunteers) to ensure the needs and choices of those dealing with end-of-life issues are sensitively met.

Volunteers who have completed the training program are eligible to work with clients and their loved ones providing compassionate care and support in the community in a variety of settings. They may work as:

- ❖ A home visiting/peer support volunteer providing support for the terminally ill, their families, and caregivers
- ❖ A volunteer on the Palliative Care Unit at NRGH
- ❖ A bereavement support volunteer working in formal or informal group programs

- ❖ As a volunteer in one of our Complimentary Therapy programs.

Individuals who wish to contribute on a volunteer basis without taking the training program may become "Friends of Hospice" and participate in non-client related activities such as:

- ❖ Board Membership
- ❖ Fundraising Activities
- ❖ Office & House Support
- ❖ Hospice Shoppe Thrift Store

Hospice is not only a place - it is a philosophy of care. We believe that life is a precious and fragile journey of growth and development and that, although death may be a time of sadness and separation, dying is a part of life's journey that can be embraced with dignity, serenity and hope.



VOLUNTEER TRAINING

Hospice volunteer training is offered a minimum of once a year. A comprehensive manual is provided in advance of program sessions.

The training is experiential in nature and active participation in the group process is necessary. Facilitators provide a safe environment for participants to share and are available for debriefing after and between training sessions.

Training is current and incorporates best practices. It includes:

- ❖ Communication Skills
- ❖ Comforting Skills
- ❖ Death & Dying
- ❖ Grief & Loss
- ❖ Care of Self
- ❖ Care of Spirit

Prior to the commencement of training, applicants will:

- ❖ Participate in a **screening interview**.
- ❖ Complete a **Criminal Record Check**. Hospice will provide a link and unique security code for an online application.
- ❖ Provide **2 letters of reference**. The points to be considered in these letters are: the applicant's reliability, flexibility, freedom from bias, ability to set and respect personal boundaries, and ability as a team player. Please include the referee's phone number for follow up purposes.

There is a training fee of \$140. Upon completion of 100 hours of volunteer work (does not include training hours), volunteers are eligible for a refund of \$75.

To ensure a place in the next session, you will be required to pay a deposit of \$65 after the screening interview.

For dates and times of the next scheduled training program please call us at 250-591-8811 or email: heatherb@nanaimohospice.com

VOLUNTEER TRAINING APPLICATION

Please print

Date of Application: _____

Last Name: _____ First Name: _____

Street: _____

City: _____ Postal Code: _____

Phone: Home: _____ Other: _____

E-mail: _____

Emergency Contact Name and Phone No: _____

Birthdate (dd/mm/yyyy): _____

Related work experience and/or education:

Previous volunteer work:

Payment (\$140 or \$65 deposit) may be made by cash, cheque or credit card.

Amount Paid: _____ Cash: _____ Cheque: _____ Credit Card: _____