



VOLUNTEER OPPORTUNITIES

The primary role of the Zusman Community Hospice Volunteer is to be a supportive, caring person. Volunteers are dedicated, loyal, and sensitive individuals who give of themselves to help ensure the mission of hospice care and are considered an integral part of the hospice team.

There are several ways in which volunteers may give of their time:

Patient Care Volunteer

Provide companionship to patients; relief for caregivers; assistance and support to family. If you enjoy reading, playing cards, or just talking, consider spending your time with those who would greatly appreciate your company.

Bereavement Volunteer

Provide support to grieving family members or significant others through visits, phone calls and/or correspondence. Be a friend to someone who needs one.

Administrative Volunteer

Answer phones; database entry; send bereavement cards; help maintain patient records; and assist team members with clerical projects.

Community Outreach Volunteer

Participate in assisting with the planning and preparation of community educational events and assisting with presentations to various group about Zusman Community Hospice.

Special Service Volunteer

Special skills such as massage therapy, music therapy, running errands, hairdressing, etc. - anything that can be of comfort. ALSO includes one time, small group service projects such as planting flowers, making cards, etc.

For more information or to request an application by mail, please call 614-559-0350 and ask to speak with the Volunteer Manager.



Volunteer Application

To begin the volunteer application process, please complete the following and submit to ZCH, Attn: Volunteer Manager, 1151 College Ave., Columbus, OH 43209.

NAME: _____
Last First MI

ADDRESS: _____
Street City Zip

PHONE: (H): _____ **(W):** _____ **(C):** _____

E-MAIL: _____

D.O.B.: _____ **SEX: Male/Female** (please circle one)
Month Day Year (optional)

WORK/VOLUNTEER EXPERIENCE:

SCHOOL/EDUCATIONAL BACKGROUND: (please include your field of study)

AVAILABILITY: (please check all that apply) ____ Weekdays ____ Weekends
____ Mornings ____ Afternoons ____ Evenings
____ # of hours/week you would be willing to volunteer

Please list any skill or talents you would like to share: _____

VOLUNTEER OPPORTUNITIES: Please check all that interest you.
____ Administrative ____ Bereavement ____ Community Outreach
____ Patient Care ____ Special Services

Why did you choose Zusman Community Hospice as the program for which you want to volunteer?

How did you hear about Zusman Community Hospice?

I have been convicted of a felony. **YES / NO** (please circle one)

PERSONAL REFERENCES: (please list three)

The following must be individuals you have known for at least two (2) years, and are not relatives. We must have complete addresses and phone numbers.

NAME

ADDRESS

PHONE

1. _____

2. _____

3. _____

In case of emergency, please contact:

Name

Phone

Relationship

I certify that all info. on this application is complete and true to the best of my knowledge.

Signature

Date

Zusman Community Hospice

Reference Verification:

Name

I-Date

Interviewed by

Comments:

Name

I-Date

Interviewed by

Comments:

Name

I-Date

Interviewed by

Comments:



VOLUNTEER QUESTIONNAIRE

Name _____

Date _____

Please take a few moments to thoughtfully and honestly answer the following questions. This will allow ZCH to utilize your skills and talents in the most suitable manner. Thank you.

What would you like to do as a hospice volunteer? _____

What do you think are your strengths relative to hospice? _____

What do you think are your weaknesses relative to hospice? _____

What do you know about the hospice philosophy of death and dying? _____

What is your most recent experience of the death of a family member or very close friend? _____

Describe your present feelings about that person's death. _____

VOLUNTEER QUESTIONNAIRE

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How do you feel about going into the home of a dying person? _____

How do you feel about physical contact with a dying person? _____

How do you feel about being left alone with a dying person? _____

What would be your approach if a hospice patient refuses to face up to his/her impending death? _____

What does your personal religious understanding dictate you should do with a patient whose religious views differ emphatically with yours, or with a patient who has no religious faith at all? _____

Other Comments, Questions, or Concerns:

Signature: _____

Please submit, along with volunteer application, to: Zusman Community Hospice
Attn: Volunteer Manager
1151 College Ave.
Columbus, OH 43209

THANK YOU!!