



Dear Potential Volunteer,

Thank you so much for your interest in Westminster Canterbury at Home. I have included that paperwork to start your journey to become a hospice volunteer.

In this packet, you will find the following:

- The Volunteer Application
- The Hospice Volunteer Job Description
- The Background & Sex Offender Release Forms

Volunteers are a vital part of our team! Day in and day out, our volunteers help us serve the families we care for and our community as a whole. The volunteers at Westminster Canterbury at Home are involved in a wide range of services. They assist our patients and families by providing companionship and emotional support, light household tasks, errands, respite support, and/or bereavement support. They also assist with clerical duties as part of our office volunteer team. They are encouraged and invited to attend and volunteer with the many special events that take place for the families we serve.

Westminster Canterbury at Home is a proud partner with the We Honor Veterans Program and takes pride in honoring and serving those who have served us.

We strive to live our OUR MISSION:

**Creating community to foster  
joy and well-being**

And always hope to embrace OUR Values.

We achieve **excellence** by giving and expecting:

**RESPECT** for each person  
**PASSION** for what we do  
**PROFESSIONALISM** in all we do

We are constantly looking to expand our volunteer team. We hope to gain compassionate individuals with a passion for serving!

Your application may be emailed, mailed, faxed, or dropped off at the Westminster Canterbury at Home office. Please do not hesitate to contact me with any questions at [make-a-difference@wcbay.com](mailto:make-a-difference@wcbay.com) or (757) 496-1653.

Kindly,  
Sarah Krauser  
Hospice Bereavement and Volunteer Coordinator



## Hospice Volunteer Application Form

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Veteran (Yes/No): \_\_\_\_\_

Birth Date (Month/Day): \_\_\_\_\_ Branch: \_\_\_\_\_

**How did you hear about Westminster Canterbury at Home's Hospice Volunteer program?**

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### Previous Volunteer Experience

Summarize any previous volunteer experience (please include organization, time and length of service and type of volunteer work performed).

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### Experience with End of Life/Hospice

Have you experienced the death of someone close to you? How do you believe this has affected you?

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What is your principal motivation for volunteering with hospice?

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## Availability

During which hours are you available for volunteer assignments? Check all that apply.

Weekday mornings \_\_\_\_\_

Weekend mornings \_\_\_\_\_

Weekday afternoons \_\_\_\_\_

Weekend afternoons \_\_\_\_\_

Weekday evenings \_\_\_\_\_

Weekend evenings \_\_\_\_\_

## Volunteer Interests

Please tell us which areas you are interested in volunteering in (check all that apply).

\_\_\_\_\_ **Direct Patient Support** - Opportunities include providing respite care for caregivers, companionship and emotional support for patients and families, light household tasks, and assisting patients in participating in leisure interests as tolerated. Volunteers are nonmedical and do not provide hands-on care.

\_\_\_\_\_ **Bereavement Support** - Providing phone/in-person support visits to family members.

\_\_\_\_\_ **11th Hour Support** - Volunteers interested in providing a comforting presence/support to patients in their final hours.

\_\_\_\_\_ **Office** - Clerical opportunities include filing, assembling information packets, assisting with mailings, and follow-up correspondence with family/caregivers.

\_\_\_\_\_ **Special Events** – Assist with: The Annual Remembrance Dinner, memorable moments, Veteran Pinnings, Etc.

\_\_\_\_\_ **Special Skills** - Notaries, barbers, beauticians, massage therapists, singers, artists, musicians, pet therapists, knitters, crocheters, etc.

**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: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

**References - Please list two individuals as character references we can contact.**

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are accurate 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 immediate dismissal.

Name (Printed): \_\_\_\_\_

Applicant 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/TB testing before our volunteers are scheduled.** All onboarded volunteers are required to attend orientation and must be **fully vaccinated against COVID -19, and will need to provide proof of vaccination.**

I have read and understand the requirements for onboarding.

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

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

Sarah Krauser, Hospice Bereavement and Volunteer Coordinator  
[make-a-difference@wcbay.com](mailto:make-a-difference@wcbay.com)  
phone: (757) 496-1653 | fax: (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 the guidance of the 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 service improvements.
4. Documents hours and services as instructed and maintain confidentiality in compliance with HIPAA.
5. Serves as a substitute family/caregiver in the home, performing activities the volunteer has been prepared for and agreed to perform. The volunteer may do homemaker chores, run errands, and provide respite care. Only works with patients as assigned.
6. Provides availability regularly 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 communications 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 the direction of the Coordinator, implements special projects to address the needs of hospice patients/family/caregivers.
12. 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 the office area.
- Lift, push, pull, and move medical supplies, equipment, etc.

## **EDUCATION, TRAINING, AND EXPERIENCE**

- 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 before assuming responsibilities or willing to participate through 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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**I have read and understand the hospice volunteer job description.**

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Volunteer Name [Print]

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Volunteer Signature

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Date

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Supervisor Name [Print]

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Supervisor Signature

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Date



# REQUEST FOR CRIMINAL HISTORY RECORDS CHECK

Please complete as indicated.

_____	_____	_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name (no initials)</b>	
_____	_____		
<b>Maiden Name</b>	<b>Suffix (Jr, Sr, III, Esq, Etc.)</b>		
_____	_____	_____	
<b>Birth Date</b>	<b>Sex</b>	<b>Race</b>	<b>Social Security Number</b>

\_\_\_\_\_  
**Supervisor**

I hereby certify that all information is accurate and complete. 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:** \_\_\_\_\_

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## OFFICE USE ONLY

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

## Sex Offender Website Information

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

The website is:

<https://sex-offender.vsp.virginia.gov/sor/>

Information is obtained for 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Westminster-Canterbury 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 asking to volunteer at 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 well in your volunteer efforts and hope you find joy and contentment in your service.”**

*If you are already a WC campus 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 supervisors if they are doing so.
2. Employees may not volunteer while "on the clock" or during regular 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 work as a nurse, you cannot 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, including wearing a volunteer name badge, tracking hours, and working only where and when they are scheduled.

### Employee Acknowledgment

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee's Department/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 conducted strictly voluntarily, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by Westminster Canterbury at Home and that failing 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 a risk of harm or injury exists in performing volunteer tasks. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk; therefore, I assume full responsibility.

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/Designee

\_\_\_\_\_  
Date

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

Please return to Volunteer Coordinator ([make-a-difference@wcbay.com](mailto:make-a-difference@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.