

## Are you interested in becoming a hospice volunteer?

Volunteers are invaluable to the PediPathways, Inc. They provide both practical assistance and compassionate care to our patients and family members.

Volunteers may lend their time and talents in a number of capacities.

### **Patient/Family Assistance**

Volunteers may provide direct patient and family assistance. These services include, but are not limited to:

- Sitting with patients
- Making phone calls
- Running errands for patients and/or caregivers
- Pickup and delivery - Volunteers who enjoy driving can pick up and deliver prescriptions and supplies and run errands for patients and caregivers.
- Handy man/woman - Volunteers are sometimes needed to build a wheelchair ramp, tend a garden or repair a handrail for a patient.
- Knitting/ crocheting a blanket or stuffed animal



### **Non-Patient Assistance**

Volunteers can help with data entry, stuffing envelopes or preparing documents. Some knowledge of computers is helpful, but not necessary. Volunteers are also needed to answer phones, file documents, operate the copy and fax machines, prepare handout packets or even attend a volunteer fair. Volunteers interested in direct patient and family assistance are asked to complete a 21-hour training. Volunteers interested in non-direct patient assistance are asked to complete a 10-hour volunteer training.

**For more information on the roles of hospice volunteers, please visit us at [PediPathways.com](http://PediPathways.com)**



## Volunteer Application

### Personal Information *(Please print using black or blue ink)*

Circle one: Mr. Ms. Mrs. Dr. Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_ Permanent address (if different from current)  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Are you age 16 or over?  Yes  High School  College  
 Graduate School  Adult

Volunteers under age 18 must list a parent or legal guardian as emergency contact.

In case of an emergency, notify: Relationship: Phone:

### Educational History

High School or Program: \_\_\_\_\_ Present Grade: \_\_\_\_\_

High School Completed:  Yes  No

College: \_\_\_\_\_ Major: \_\_\_\_\_

Undergraduate  Graduate  BS/BA  MS/MA  Ph.D.

Other \_\_\_\_\_

### Employment

Present (or most recent) Employer

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_



## Volunteer Information

School year/Semester dates: \_\_\_\_\_ Summer only dates: \_\_\_\_\_ to \_\_\_\_\_

School Service Coordinator: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**The Volunteer Program requires a minimum of 21 hours training before volunteering.**

Which days of the week are you available to volunteer? **(Please check all that apply)**

Sunday\*  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday\*

Do you prefer to volunteer (check one) in the:

Morning (9:00 - 12:00),  Afternoon (1 :00 - 3:00),  
 Late afternoon/early evening (3 :00 - 6:00 or 7 :00)?

*\* Please note that limited evening and/or weekend shifts are available.*

I would like to volunteer at PediPathways, Inc because:

If you could create for yourself the perfect volunteer experience, what would it be?

How did you hear about us?  Internet  Newspaper  Employee  Other:

### References

It is mandatory that all applicants provide two references that are current and professional in nature.

Enclosed are two reference forms. Please fill in your name and give them to two people you wish to use as a reference.

References can not be a relative, or individual with whom you reside, and must be 19 years or older. High School students should use at least one teacher, counselor or coach as a reference. Please ask your references to complete the form and return it to us promptly.

For our records, please complete the section below. Please provide complete addresses.

#### Reference One:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Business/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Reference Two:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Business/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



## Volunteer Application Checklist

Please use this checklist to ensure your application is complete.

**Please print, using either black or blue ink.**

Please do not use pencil.

**List Emergency contact.**

Are you under the age of 18? If yes, you must list a parent or legal guardian as your emergency contact. Please list their first and last name, relationship and phone.

**Fill out the reference section completely.**

All applicants must have two references. The completed reference forms can either be submitted with your application, or your reference can mail the completed form separately. We will begin to process your application when both references are received.

Give the forms to the two people you listed on the application. The completed form must be returned. Applicants can not use a parent, other relative, or individual with whom you reside as a reference.

**Complete the immunization section.**

High School and College Students must provide a copy of immunization records from a health care provider with their application. Please do not have your health care provider fax it separately. Adults should provide the dates of the immunization or the disease itself.

**Mail your application!**

The address for Volunteer Services is on the bottom of page 3. Please note, due to the quality of faxes, we must receive original applications. Faxed applications will not be processed.

**Sign and date the application**

If you are 18 years of age, your parents or guardian must also sign and date the application.

**Mail your application!**

The address for Volunteer Services is on the bottom of page 3. Please note, due to the quality of faxes, we must receive original applications. Faxed applications will not be processed.



## Immunization History

Immunization Record: Students (High School and College) MUST provide a copy of immunization records from a health care provider Please include these records with your application

Have you ever had:	Unknown	No	Yes	Date	Immunization Date
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Tuberculosis Skin Test Guidelines: All volunteers are required to have a TB test within the last 12 months.

- If you have had a TB test in the past 12 months, enclose a copy of the test results.
- If you have not had a TB test in the past 12 months, a test can be done free of charge at the hospital.
- Tests are repeated annually.

**By signing this application, I agree to the following:**

- I release from all liability or responsibility all persons or organizations requesting or supplying information regarding my character and qualifications.
- I understand that I may come in contact with information that is confidential in nature.
- I understand the sensitive nature of health care information and I agree to protect the privacy and confidentiality of patients and families.
- I will provide complete reference information, documentation of immunizations, and TB test results.
- I have provided information, which is true and complete to the best of my knowledge.
- If I have provided false information, I may not be allowed to volunteer or I may be dismissed in the future.
- I understand that any misuse of information is grounds for termination of my volunteer service without prior notice.

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

For applicants under 18 years of age:

Parental/Guardian Permission (required for applicants under 18 years of age).

I give my child \_\_\_\_\_ permission to volunteer at PediPathways, Inc and I \_\_\_\_\_ agree to the following statements,

- I understand that PediPathways, Inc requires a 50 hour commitment from volunteers.
- I understand that my child may obtain a record of hours volunteered only after completing 50 hours of service.
- I will provide a copy of the test results if my child has had a tuberculosis skin test within the last year.
- I give permission for my child to receive a TB test at PediPathways, Inc if a record cannot be produced.
- I understand that my child is required to have a TB test before he/she can begin volunteering.
- As long as my child is a volunteer at PediPathways, Inc, I agree that my child may have annual TB testing performed by the Hospital.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information:**

PediPathways, Inc  
 440 Hancock Street, Unit 206  
 North Quincy, Massachusetts 02171  
 617-774-1350

Stephanie Boyd  
 Director of Volunteer Services  
 SBoyd@PediPathways.com



# PediPathways, Inc Volunteer Reference

Applicant's Name: \_\_\_\_\_

**Please complete the following information and return it to:**

Director of Volunteer Services  
 Stephanie Boyd  
 PediPathways, Inc  
 440 Hancock Street, Unit 206  
 North Quincy, Massachusetts 02171  
 617-774-1350

\_\_\_\_\_ has applied to volunteer at PediPathways, Inc. Your reference is important in helping us decide whether to accept this applicant as a volunteer. Please take a few minutes to tell us how you perceive the candidate in each of the following categories and return the form to the above address at your earliest convenience. Thank you for your help.

Please indicate with a checkmark below the candidate's ability to:

Category	Excellent	Very Good	Average	Fair	Poor	N/A
Work with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfill commitments and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be courteous and polite to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work as a member of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept redirection or constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and adhere to organizational structure, policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be flexible/adaptable to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (may continue on back)

How long have you known the applicant? \_\_\_\_\_  
 How do you know the applicant? \_\_\_\_\_  
 Name (please print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Daytime Phone Number ( ) \_\_\_\_\_ Date: \_\_\_\_\_