



Confidential

Community Hospice Education

Registration & Application for Orientation and Training

PLEASE COMPLETE AND RETURN TO PINE TREE HOSPICE

883 West Main Street ~ Dover-Foxcroft, ME 04426

207-564-4346 Phone ~ 207-564-4400 Fax

wecare@pinetreehospice.org ~ www.pinetreehospice.org

PINE TREE HOSPICE MISSION

PINE TREE HOSPICE educates and supports its volunteers and staff to maintain a high standard of care, and responds to care-giver, family and community needs for continued bereavement support.

FOR OFFICE USE ONLY

Date Received

Date of Pre-Training Interview

Date Training Started

Date Training Completed

Date of Post-Training Interview

Thank you for your interest in participating in our Community Hospice Education series. It is necessary to register and reserve your place. Please fill out this registration form and application. You will receive a confirmation of your registration and a map of the location.

Please complete this application and return it to us as soon as possible. Take the time to fill out the application thoughtfully. A personal interview will be scheduled with you prior to the training. If you have questions or would like additional information, please contact PTH by calling 564-4346 or e-mail us at wecare@pinetreehospice.org.

Confidential Community Hospice Education Application

<p>Name <i>First, Middle, Last</i></p> <p>Mailing Address</p> <p>Physical Address</p> <p>How long have you lived at your current address? <input type="checkbox"/> < 1 year <input type="checkbox"/> ___ years</p> <p>Military service? <input type="checkbox"/> no <input type="checkbox"/> yes Branch? _____</p> <p>Home Phone</p> <p>Work Phone</p> <p>Current Employer</p> <p>Past Employer (s)</p> <p>Date of Birth</p>	<p>Other Name(s) Nickname (if any) Maiden Name or other Surnames</p> <p>Town and Zip</p> <p>Town</p> <p>Education – last grade completed: <input type="checkbox"/> College _____ <input type="checkbox"/> Tech School _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Other _____</p> <p>Combat? <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p>Cell Phone</p> <p>Other Phone</p> <p>Position / Hours</p> <p>Position / Hours</p> <p>E-Mail Address</p>
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Printed Name	Signature	Date

Confidential Community Hospice Education Application (continued) ~ (feel free to respond to these questions on a separate sheet)

How did you hear about Pine Tree Hospice?

Have you completed any hospice training programs? no yes If yes, please explain.

Why are you interested in participating in Community Hospice Education at this time?

Do you have any past history with hospice services? no yes If yes, please explain.

Are you interested in a volunteer opportunity? no yes If yes, approximately how many hours per week or month could you give?

PTH Volunteers serve in many ways, what type(s) of service interests you? hospice bereavement office fundraising cooking transportation
 other _____ Service on PTH Committee(s): Hospice Bereavement Education Finance Board Development Fund Development

Please list previous volunteer experience (organization, location, dates, hours served, type of work).

If you were told you only had six months to live, what would you do?

Have you experienced the death of someone close to you? no yes If so, when and what was this experience like for you?

Do you anticipate any major changes in your life in the coming year? no yes If yes, please explain.

Confidential Community Hospice Education Application (continued) ~ (feel free to respond to these questions on a separate sheet)

Have you ever been convicted of any crime other than a traffic violation? no yes If yes, please explain.

Do you or does anyone in your family or close circle of friends currently have a serious illness? no yes If yes, please explain.

What experiences have you had with people who are seriously ill?

Have you experienced the death of a family member, friend, or someone else close to you in the past twelve months?

no yes If yes, how did you feel or what was most difficult for you?

Have you experienced a recent loss or grief other than a death? no yes If yes, please explain.

What do you believe to be the most important needs of a person who is experiencing a life-threatening illness?

What do you believe to be your most important strengths, and what do you do best?

I understand that Pine Tree Hospice reserves the right to accept or reject my application in its sole discretion and that the above statements made in this application are true.

I authorize Pine Tree Hospice to conduct a criminal record search to verify my suitability for volunteer services.

By submitting this application, I understand that if I choose to volunteer with Pine Tree Hospice in any capacity, PTH will complete criminal record and driver license checks on me. I also understand should either report disclose any violations, this may result in a denial of volunteer participation with PTH.

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Printed Name

Signature

Date

Pine Tree Hospice Community Hospice Education

Topics comply with State of Maine regulations for 20-hour volunteer hospice training (order of schedule varies).

Pine Tree Hospice offers the 20-hour Community Hospice Education series twice a year. The schedule is often Friday evening and all day Saturday, two weeks in a row. The training sessions are open to anyone interested in end of life issues, bereavement and hospice, a concept of caring for the terminally ill. Participants are under no obligation to become hospice volunteers, however, the classes prepare participants for volunteer service and often inspire a desire to help a terminally ill person live his or her last days to the fullest. People take part in this type of training for many different reasons; some want to become educated about end of life issues for their own information or to be available to help friends and family members when the time comes; others are looking for a volunteer opportunity where they can help area families who are dealing with life-limiting illnesses. As a non-profit organization providing care throughout the Penquis Region, Pine Tree Hospice takes great pride in training and equipping volunteers for end-of-life care. A \$20 donation to help defray the cost of materials is appreciated. To learn more or to register, please call Pine Tree Hospice at 564-4346, e-mail us at wecare@pinetreehospice.org or visit our website www.pinetreehospice.org.

PTH Community Hospice Education – Sample Agenda

Friday Evening ~ 5pm – 9pm

5:00	Welcome and Introductions	5:00	Funeral Arrangements (become comfortable discussing a list of tasks including funeral arrangements with a hospice person and/or family, identify funeral services available in the community)
5:30	PTH Board, Staff and Volunteer Roles (hospice volunteer responsibilities, PTH Policy Manual)	6:00	Chronic Illness (health problems associated with various chronic illnesses)
7:00	Multidisciplinary Mgmt / Hospice Resources (hospice resource people, community resources for hospice and bereaved people and families, appropriate resource person when problems arise, differences between the work of PTH volunteers and CHCS nurses, essentials of group facilitation enabling a hospice volunteer to participate with formal and informal grief discussion groups)	6:30	Hospice Philosophy (philosophy and purpose of a volunteer hospice program, services offered by PTH, PTH Mission Statement, State of Maine Regulations governing a volunteer hospice program, relationship of PTH to the National Hospice and Palliative Care Organization, the Maine Hospice Council, and the United Way of Eastern Maine, differences between a volunteer hospice and a Medicare hospice, issues related to advance care planning and ethical wills)
8:00	Psychological Perspectives (psychosocial issues associated with death and grief, ways a volunteer can assist a person or family dealing with psychosocial issues, "Life Review" and "Guided Reminiscence")	7-9	Pain and Symptom Management (palliative care, pain rating scale to assess and document level of pain, medical interventions in the management of pain and other symptoms that may occur during the dying process, ways to assist a person receiving palliative care)
8:30	Family Dynamics (identify family dynamics expected to occur during the end of life, identify the role of the volunteer when domestic violence is suspected or confirmed)		

Saturday ~ 9am – 4:30pm

9:00	Personal Death Awareness (achieve a level of comfort in discussing death)	9:00	Stress Management and Self Care: Conventional & Complementary (define stress, name some causes of stress, and recognize how stress affects us and those around us: body, mind, feelings and spirit, balanced nutrition, physical activity, restful sleep, joyful diversion and service to others as conventional ways of managing stress, origin, beliefs and current practice of some complementary therapies, conventional and complementary therapies for yourself and others to relax, to minimize pain, and/or to promote physical, mental and spiritual wellbeing, support people who use complementary therapies)
10:00	Children's Grief (ways to help children cope with death, loss and grief)	11:00	Spirituality (define and state the goals of spiritual care, behaviors to avoid when giving spiritual care, how a volunteer can help a hospice person/family to achieve the spiritual goal of faith, hope and love, ways of praying with a person or family when invited or with permission, resources in the community that can offer spiritual care)
11:00	Personnel Issues (PTH organizational structure and policies, volunteer reporting requirements and documentation)	12:30	Ethics (respect value systems of the hospice person and family, identify and keep personal boundaries, maintain confidentiality of hospice person/family information at all times, PTH Confidentiality Policy)
1:00	Communication Skills (differences between a social relationship and a helping relationship, best ways to listen, identify and practice tools that help to communicate with a hospice or bereaved person and family, identify and avoid barriers to helpful communication)	1:30	Support During Stages of Dying (stages of dying, ways to assist a hospice person/family to cope with the various stages of dying, identify ways to assist a hospice person/family meet end of life needs, unique nutritional needs of the dying person)
2:00	Grief, Loss and Transition (identify the expected stages and the different types of grief, physical and psychological symptoms of grief, recognize situations that can interfere with grief resolution, activities that can help with grief resolution, identify ways a volunteer can assist a person or family with grief resolution)	3:30	Presentation of Certificates of Completion