



**PATIENT VOLUNTEER TRAINING
Registration Form – Winter 2017**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

Educational Background

Highest Level of Education: _____

Specialized Training: _____

Have you ever done any volunteer work? Yes No If yes, please explain:

Do you have any physical limitations, disabilities, or chronic health problems that would affect your work as a Hospice volunteer? Yes No If yes, please explain:

Have you ever had a serious, life threatening illness? Yes No If yes, please explain:

Have you had a loved one die? If yes, please specify your relationship and when he/she died:

Describe how you have coped with the death of a loved one or other significant loss:

Describe how you deal with stress: _____

How would you describe your ability to communicate with others? _____

Please describe the activities you most enjoy and any special talents you may possess:

What do you wish to gain from Patient Volunteer Training? _____

Are you willing to make a commitment to attend 2 in-service trainings per year? Yes No

Are you available at least 3-5 hours per week to volunteer? Yes No

How did you learn about Hospice Volunteer Training?

- | | |
|---|---------------------------------------|
| <input type="radio"/> Family/Friend | <input type="radio"/> Internet |
| <input type="radio"/> CRH Staff/Volunteer | <input type="radio"/> Newspaper/Radio |
| <input type="radio"/> Flier/Brochure | <input type="radio"/> Other |

Please specify: _____

Attendance is required at every class to receive all the training needed to safely and competently give quality care. Please select a location and training class below:

March 7, 8, 9 from 9 a.m. – 3 p.m.

Location: Presbyterian Church of Chestertown, 905 Gateway Dr., Chestertown MD

March 21, 22, 23 from 9 a.m. – 3 p.m.

Location: Compass Regional Hospice, 255 Comet Drive, Centreville MD

ALL VOLUNTEERS WHO WORK WITH PATIENTS AND FAMILIES ARE REQUIRED TO COMPLETE THIS APPLICATION, ATTEND THE ENTIRE 16-HOUR PATIENT VOLUNTEER TRAINING, PASS A CRIMINAL BACKGROUND CHECK AND TAKE A TB TEST.

Signature of Applicant: _____ Date: _____

Thank you for completing this form; please return it to: Courtney Williams, Manager of Volunteer and Professional Services, Compass Regional Hospice, 255 Comet Drive, Centreville, MD 21617. Registration is required and seating is limited! Call 443-262-4112 with any questions you may have.

Topics of the class include:

- | | |
|--|--|
| <ul style="list-style-type: none">• Philosophy of Care• Care and Comfort Measures• Concepts of Death and Dying | <ul style="list-style-type: none">• Spiritual Care• Communication Skills• Bereavement Issues |
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