

Our Promise To You

The Sharon S. Richardson Community Hospice is dedicated to providing comprehensive care focused on maintaining dignity, improving quality of life, and providing comfort and empowerment for the patient and their loved ones.

Our partnership with those we serve, our employees and volunteers, builds upon our collective strength to live each day to the fullest. We believe in the dignity of human life and find cause to celebrate each new day.



Our Volunteers share these core values:

Affirming Life – to believe in the dignity of life and celebrate it with each day.

Compassion – to respond promptly with caring, comfort, support, empowerment, communication, education and empathy to meet the needs of our patients and loved ones.

Commitment - to aspire to the highest level of palliative care, to take a lead in educating others about hospice, to sustain the mission of SSR Community Hospice.

Trust – to develop a relationship that promotes the physical emotional and spiritual growth of our patients and their loved ones.

BACKGROUND INFORMATION DISCLOSURE (Please Complete all Questions)

Have you ever been bonded? Yes No

Have you ever pled “guilty” or “no contest” to or been convicted of a crime or had adjudication withheld?
 Yes No

If yes, please provide date(s) and details.

Do you need volunteer hours to satisfy “community service” requirements associated with any disciplinary action?
 Yes No

If yes, provide date(s) and details.

I affirm that the information provided above is truthful and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or omitting information will result in denial or termination of volunteering activities and other penalties as provided under the law.

Signature_____

Date_____

The Sharon S. Richardson Community Hospice Team truly appreciates your interest in volunteering.

Volunteer Application

Sharon S. Richardson
COMMUNITY HOSPICE



Volunteering for Hospice is a very rewarding experience. Hospice volunteers are highly trained and an essential part of a Hospice Team. If you are interested in joining us, please complete and return this application to the address below. Call us with any questions!

Sharon S. Richardson Community Hospice
W2850 State Road 28
Sheboygan Falls, WI 53085

Volunteer Assistant:
Samantha Klarich, Phone: (920) 467-1800 Ext. 7945
Human Resource Manager
Donna B. Krueger, Phone: (920) 467-1800 Ext. 7944

AREAS OF INTEREST: (Please mark all that apply)

Volunteer needs will vary at different times

CLERICAL/ADMINISTRATIVE: Volunteers assist Hospice Departments by carrying out a variety of office tasks which may include mailings, assembling packets of literature and documents, faxing, data entry, telephoning and filing. Volunteer duties are based on their skills and interests.

SPECIAL EVENTS: Volunteers assist in planning, organizing and staffing special events. Volunteers can help staff events by: greeting participants, handing out fliers, parking cars, and set up/clean up for the event.
Fundraising - Volunteers are involved in assisting with raising money in ways they are comfortable with; for example assisting in selling raffles/event tickets.

Outreach - assisting with dispensing information to the community about hospice programs and services through public speaking or handing out fliers.

BEREAVEMENT VOLUNTEER: provides bereavement services to families and other caregivers with the assistance of the hospice social worker.

PATIENT CARE: After successfully completing a training program, Patient Care Volunteers work directly with Hospice patients and families with the assistance of the staff. Volunteers can visit with patients, provide respite for caregivers, assist with direct personal care of patient, serving meals and running errands. *The degree of involvement with direct patient care will be based on the volunteer's comfort level and determined upon completion on training.*

Please provide the names and phone numbers for 3 personal references:

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Volunteer Application

(Please complete all questions. Information is Confidential)

LAST NAME: _____

FIRST NAME: _____

Street Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Work/Cell Phone: (____) _____

E-mail: _____

Contact Preference: ___ Home Phone ___ Cell ___ E-mail

Birth Date: ____/____/____ Male Female

Current Employer: _____

Date Available to Volunteer: ____/____/____

How did you learn about volunteering at *The Sharon S. Richardson Community*

Your Volunteer Availability

(Check One) Year Round Seasonal

Months Available:

Days of the Week Available: (Circle all that apply)

M | TU | W | TH | FR | SAT | SUN

Time of Day Available: ___AM ___PM ___EVENING

Your Special Gifts

Previous Volunteer Experiences (start with most current): _____

Special Skills/Hobbies:

Do you know any foreign language? Yes No
List _____

Do you have sign language skills? Yes No

Do you have computer skills? Yes No

Your Hospice Experience

Have you experienced the loss of a loved one in the last 12 months? Yes No

If yes, what was the relationship? _____

Did you have a friend/relative who is/was a Hospice patient? Yes No

Have you ever been a caregiver for someone who has died? Yes No

Continue by completing Background Information on back.