



**Dear Prospective Volunteer,**

We want to acknowledge and thank you for your desire to become a part of the Holmes Park House for Hospice. It takes many volunteers doing a variety of jobs to successfully run this essential service for our community. We look forward to adding your unique skills to our community.

**Who is Southern Oregon Friends of Hospice?**

Southern Oregon Friends of Hospice is a 501(c)(3) Non-profit organization with a mission to raise awareness and provide financial support for end of life care programs through collaboration with our Rogue Valley community. Our vital purpose is to create and sustain the Holmes Park House, a 12-bed hospice residential care facility in Medford, Oregon. We envision a community whose residents have access to compassionate and patient centered end-of-life care.

**What is Hospice?** Hospice provides end-of-life care and dignity for patients and families. In the United States, Medicare certified hospice offers multi-disciplinary providers including visiting doctors, nurses, social workers, chaplains and volunteers focused on quality of life for dying patients and their loved ones. Although 80% of Americans wish to die at home, only 20-30% actually do. In Oregon, 52% of people die with hospice support, but 44% of those hospice patients are not able to be cared for at home for many reasons. This is why Southern Oregon Friends of Hospice is creating the Holmes Park House, a specialty residence for dignified end-of-life care, room and board.

**Volunteer Opportunities**

The following are a description of the most common volunteer positions, but everyone has unique skills so if you have another talent to share please list it on the application.

*Caregiver Volunteer* - These volunteers are an essential part of providing high quality care to our patients and their families. While staff members take care of medical needs Patient Support volunteers are trained to support the mental and emotional well being of patients and their loved ones. This position requires a 30 hour training, longer application and interview process.

*Special Therapy Volunteer* - Do you have a special skill that could support a patient? Want to do music or art therapy? Additional training and applications may be required depending on your level of patient contact.

*Cooking/Kitchen Volunteer* - Want to support our kitchen staff, or help a family bake cookies? This might be a volunteer position for you.

*Garden Volunteer* - Our hospice house is surrounded by beautiful botanic gardens. If you have a green thumb or just like digging in the dirt we are always excited to have volunteers help maintain our idyllic park like environment.

*Maintenance Volunteer* - Help to maintain the house. We are always happy to have people help decorate, clean, or repair items around the house.

*Memorial Host Volunteer* - SOFH plans to have facilities available to families who would like to host memorials at the Holmes Park House. When these are conducted we will need volunteers to host the service.

*Trainer/Teacher Volunteer* - Help us to share information about palliative and hospice care. Trainers provide workshops, lead discussions, and train new volunteers about the culture of the Holmes Park House.

*Community Outreach Volunteer* - Help us to spread the word about the Holmes Park House and Special Events. This could include handing out flyers or arranging talks with community groups.

*Fundraising Volunteer* - Help us raise funds for the construction of and ongoing work at the Holmes Park House.

*Special Events Volunteer* - Contribute to the organization and running of special events that Southern Oregon Friends of Hospice runs.

*Office Volunteer* - Like with any organization we have filing, website, and other general administrative work that needs to be done, and we are happy to have volunteers help in the office.

Thank you again for your interest in volunteering with Southern Oregon Friends of Hospice. We are a volunteer driven organization and are deeply grateful to all of our volunteers who give their time and energy to help us accomplish our mission! There are many meaningful ways you may choose to become involved with Southern Oregon Friends of Hospice. To get started please fill out the attached application and return a digital scan or mail a completed the form. We will happily answer any questions via phone or e-mail.

Sincerely,

The Southern Oregon Friends of Hospice Team

[sofriendsofhospice.org](http://sofriendsofhospice.org)  
volunteer@sofriendsofhospice.org  
541-500-8911  
217 S. Modoc Ave  
Medford, OR 97504



### Volunteer Staff Application

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

Full Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### **Hospice Facility Volunteer Opportunities**

\* Due to training costs we require a one year commitment and completion of additional Caregiver Volunteer Application Questions, found at the bottom of this form, from the marked volunteer groups

- \* Hospice Caregiver Volunteer (Requires additional caregiver training)
- \* Special Therapy Volunteer (type) \_\_\_\_\_
- Cooking/Kitchen Volunteer
- Garden Volunteer
- Maintenance Volunteer
- Memorial Host Volunteer
- Trainer/Teacher Volunteer
- Other (please specify) \_\_\_\_\_

#### **Southern Oregon Friends of Hospice Volunteer Opportunities**

- Community Outreach
- Fundraising
- Special Events
- Planning Committee
- Office Assistance

#### **Hospice Unique Boutique Resale Shop Volunteer Opportunities**

If you are interested in volunteering at the Boutique please complete the appropriate separate form.

**Please answer the following questions to the best of your ability.**

Why do you want to be a volunteer staff member at Southern Oregon Friends of Hospice?

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What is your professional background? \_\_\_\_\_

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What skills will you bring to your chosen volunteer position? \_\_\_\_\_

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How did you learn about the Holmes Park House for Hospice?

- Article in the following: \_\_\_\_\_
- Southern Oregon Friends of Hospice Newsletter
- From a past/present volunteer/employee of SOFH. Name of person: \_\_\_\_\_
- Website
- Other. Please specify: \_\_\_\_\_

Days/Hours Available:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Do you have any health or physical limitations we need to consider in assigning you volunteer tasks?

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**Volunteer Statement** – please use the following space to write a brief personal statement. Tell us about yourself, your interests, a little about your history, your job, your hobbies, etc.

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

**Emergency Contact Information**

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

(Optional) Allergies or medical conditions you would like us to be aware of \_\_\_\_\_

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**References:**

Please list at least 2 people who know you well, one professionally the other personally.

Name/Title	Phone	Email address
_____	_____	_____
_____	_____	_____

I understand that **the Holmes Park House for Hospice** is a project of **Southern Oregon Friends of Hospice**, a non-profit 501(c) 3. I give Southern Oregon Friends of Hospice permission to contact my references and conduct a background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You will hear back from our volunteer coordinator or another member of our staff within four weeks of submission. Thank you for completing your application to Southern Oregon Friends of Hospice.

## Caregiver Volunteer Application

By checking this box I acknowledge that I am willing to complete an extended 30 hours Caregiver Training and I will serve at least one 4 hour shift per week for one year. (With flexibility for vacations, holidays, etc.)

Why do you want to be a caregiver volunteer?

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When was(were) your most resent loss(es)? (This will not necessarily exempt you from volunteering in certain capacities but may need to be addressed.)

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Please briefly explain your experiences with dying and/or hospice.

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What skills, qualifications, and qualities do you think you have that would make you effective at the bedside?

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What training have you previously received you feel will aid you in this volunteer position?  
(No level of training is required but we would like to know where you are coming from.)

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What do you see as your greatest challenge working with hospice patients and their families?

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During your experiences of loss and illness in your lifetime what was it that supported you most, or pulled you through?

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If you need additional space feel free to use the back of pages or attach additional pages.

I (print name) \_\_\_\_\_ certify that am submitting my application to be a volunteer patient support staff member at Southern Oregon Friends of Hospice.

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