

Hospice of Santa Barbara (HSB) Inc. is a volunteer hospice whose mission is "to provide care to anyone experiencing the impact of a life-threatening illness, or grieving the death of a loved one." We are a hospice that emphasizes the emotional, social and spiritual care needs of those impacted by a serious illness and their families. As a volunteer hospice organization, we provide all our services free of charge. As a part of the HSB Patient Care Services team of Social Worker/Care Manager, and Spiritual Care, our Patient Care Volunteers perform many services in support of our mission statement.

Building relationships of trust is our way of making the mission statement real for our patients. This building often takes place slowly through assisting with tasks such as grocery shopping, transportation to appointments, and sitting and listening with a truly open heart.

The next Volunteer Training starts TBD

Training will be six consecutive Wednesdays from 12:00pm - 3:00pm.

Please note: You must be able to attend all of the training sessions

This training begins a one year commitment to service and is open to those who qualify, and can commit to the training, weekly hours of service and the monthly support meetings.

Upon completion of the training a background check and fingerprinting will be required.

If you have any questions please contact Sally Turvey,
Volunteer Services Coordinator:
sturvey@hospiceofsb.org

Name:				Date:	
Address:				Phone: Home:	
City, State, ZIP:				Phone: Cell:	
Date of Birth:		E-mail addres	s	Fax:	
Best way to contact	you:		Best time	e to contact you:	
Do you have a valid	CA License? _	DL#_			
Are you presently w	orking/studying	g?		Full 🛭 or Part-Time 🗖	
Occupation/course	of study?				
How did you hear al	oout us?				
Will you be able to	commit to: 🗖 🏾	2 hrs a week fo	r one year 🛚 he	elp with time-specific projects?	
Specify times during	the week/wee	kend that you	are available:		
Weekdays:	☐ Morning	☐ Afternoo	n 🗖 Evening		
Weekends:	☐ Morning	☐ Afternoon	☐ Evening		
Do you have a:	☐ car	☐ truck	□ van		
What languages do y	ou speak?				
What are your othe	r interests? Te	ll us what you lo	ove to do		
Have you recently e If so please describe	•	oss through dea	th?Has this	been in the last year?	
Have you spent time please describe brief		e with a life-thro	eatening illness ar	nd/or dying? If so,	

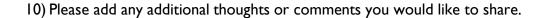
Tell Us How You Can Help

Below are listed some of the services we provide our patients in addition to respite care. Please indicate your interest in assisting with the following volunteer services by checking the appropriate box.

Household Chores Cooking Arts/Crafts			
Arts/Crafts			
Companionship			
Shopping			
Transportation (outings, doctor's appointments)			
Respite Care (relieving regular Caregiver)			
Administrative	Very Interested	Interested	Not Interested
Front Desk			
Filing			
Helping with mailings (show off your beautiful penmanship) dition to the important work of			
Helping with mailings (show off your beautiful penmanship) dition to the important work of per of fun ways to support our purage you to review our calendary	programs. We welcome ar for opportunities that	volunteers who wish interest you.	to help with events,
Helping with mailings (show off your beautiful penmanship) dition to the important work of per of fun ways to support our p	programs. We welcome	volunteers who wish	to help with events
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Helping with mailings (show off your beautiful penmanship) dition to the important work of per of fun ways to support our purage you to review our calendate Community Outreach Speak to community groups on behalf of HSB Events Art Receptions	orograms. We welcome ar for opportunities that Very Interested	volunteers who wish interest you. Interested	Not Interested
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	e you a Veteran?: Yes No Are you interested in working with Veterans?: Yes No Please explain Yes answer:
Ar	e there situations you would not be comfortable with (i.e. cigarette smoke, pets,)
ls 1	there anything else you would like us to know?
fol int or	ell us why you want to be a Hospice of Santa Barbara volunteer. Please respond to the lowing questions as thoughtfully and completely as you can, exploring your feelings and centions. Be certain to cover all the points indicated. You may respond to each question below attach an essay. What is your understanding of Hospice of Santa Barbara as a volunteer hospice organization?
2)	How do you see your role as a Hospice of Santa Barbara volunteer?
<i>-,</i>	
3)	Much of the volunteer work done by HSB volunteers is daily life tasks that serve to build the relationships that will be so important in time of crisis for our patients. How do you feel about doing this type of service?

4)	Volunteers provide emotional, spiritual and practical support for people living with a life-threatening illness and/or dying. What kind of patients or situations would you anticipate might be most difficult to work with, and why?
5)	It is important for caregivers to have good emotional and spiritual support in their own lives. How do you find support in both these areas?
6)	Would you be comfortable working with children or families with children?
7)	When thinking about your own death, what words best describe it (please circle all that apply): sorrowful, lonely, peaceful, heavy, frightening, joyful, spiritual, dark, I do not think about my death, or other reactions.
8)	Why have you chosen HSB over other volunteer opportunities?
9)	Do you anticipate anything that might interfere with fulfilling the one year commitment to HSB (e.g. family obligations, possible plans for relocation, future study)?



New volunteers will be asked to make a **one year commitment to** weekly service and to attend monthly support group meetings.

Thank you for considering Hospice of Santa Barbara, Inc., as an opportunity for volunteering and service. We appreciate the time and thought involved in completing this application.

Please save, then email this application back to Sally Turvey sturvey@hospiceofsb.org or return this application by mail to:

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