



Hospice & Palliative Care of Kodiak  
PO Box 8682  
Kodiak, AK 99615  
907-512-0600 (phone)  
907-512-0608 (fax)

## **HOSPICE AND PALLIATIVE CARE OF KODIAK INC.**

**Job Title:** Hospice 11<sup>th</sup> Hour Support Volunteer

**Date:**

### **Summary:**

11<sup>th</sup> Hour Support is a specialized service for the patient and family during the active dying process. When death is expected to occur within a few days the family may request volunteers to be present for “11<sup>th</sup> hour support.” Having someone present at this time can mean a lot to some families. As an 11<sup>th</sup> hour support volunteer you might sit with the family and make sure they have coffee and snacks available. You may sit quietly with the patient while the family takes a break. The situation can be unique and unpredictable. Some families do not want an outsider present during the 11<sup>th</sup> hour.

### **Supervision:**

Hospice volunteers report to the Volunteer Coordinator, or the Hospice of Kodiak Director in the absence of the coordinator.

### **Responsibilities:**

- Be available at a short notice and with a flexible schedule.
- The volunteer observes for any changes in status, reactions to changes in the care plan or newly identified needs and reports them to the volunteer coordinator.
- The volunteer maintains strict confidentiality in dealing with patient, family, and agency information in accordance with good practices of HIPAA regulations.
- The volunteer supports the family through the bereavement period by attending services if possible, makes follow up visits or phone calls to survivors, and discusses family members with special needs to the volunteer coordinator for referral to other community resources.
- A volunteer records accurate and concise notes from visits and submits them as soon as possible, and no more than 2 weeks from the date of visit, so they can be recorded in the patient’s file.
- Volunteers maintain a neat, appropriate and professional appearance.
- Volunteers identify themselves upon arrival as a volunteer if no nametag or badge is visible.
- A volunteer must follow all policies, rules and regulations of the organization.



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### **Qualifications**

- Must be 18 years of age or older
- Must attend required training based on the State of Alaska standards
- Must have at minimum an initial clearance from a background check with fingerprinting
- Must have access to transportation in order to fulfill volunteer service time
- Must have a valid driver's license and insurance coverage as well as a good driving record Must have proof of automobile insurance with coverage for self and others who are traveling in the vehicle
- Must be willing to make visits to a private residence, assisted living facility, hospital or long term care center
- The volunteer must have the ability to interact with a variety of people including friends and family members of the client.
- Possible exposure to fumes, dust, blood and other body fluids, chemicals/ cleansers, smoke, and household pets
- Volunteer commitments are for 60 hours per year in any capacity
- Requires good health and the commitment to not attend a visit when you are sick
- May involve some moderate lifting, standing, and sitting and the ability to hear and be heard
- Attendance to training and meetings is expected

### **Mental Qualifications**

- Must be able to maintain neutrality among differing opinions and demands
- Must have an understanding in the areas of personal illness/ loss/death
- Must be in alignment with the hospice philosophy Must be able to demonstrate active listening skills: listen intently and calmly without imposing any particular spiritual, social or political values or beliefs
- Must be able to work with others in a team effort
- Must have a positive approach to life - patience, compassion, flexibility and a willingness to help others
- Must have the ability to establish and maintain boundaries while putting the clients and families interests first
- Must have awareness of personal stress levels and the ability to balance personal life and volunteer commitments

I have read and understand the Hospice Volunteer Job Description and accept these requirements

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