

HOSPICE *of the* VALLEY

Dear Parent/Guardian:

Thank you for supporting your teen's participation in Hospice of the Valley's Teen Volunteer Program! Please review this informational packet. If you have any questions or suggestions, please contact your Volunteer Coordinator:

Lauren Saks: 602.380.9783 • West, Central Valley

Laurence Sinn: 602.626.0702 • East, Northeast Valley

PRIOR TO ORIENTATION

Please complete the following forms and send them to your Volunteer Coordinator prior to your teen's training class:

1. Parent / Guardian Consent
2. High School Counselor or Teacher Reference
3. Authorization to Quote, Photograph, Audiotape and Videotape
4. Tuberculosis (TB) Screening

All volunteers are screened annually for TB. During volunteer orientation your teen will be given a TB skin test if they do not currently have record of one. The test is offered at no charge on the first day of volunteer orientation. The TB test must be read within 48–72 hours at one of our palliative care units (PCUs). The form must be signed and dated by a PCU nurse, and the teen must return this form to their Volunteer Coordinator. Our PCUs are open 24/7 and appointments are not needed. If your teen has tested positive on TB screening in the past or has had a BCG vaccine (this vaccine is given in some foreign countries), please fill out the screening questions on the back of the form. A note from your doctor confirming that your teen does not have active TB will also be required. A positive screening does not mean that your teen has TB.

Please have your teen return the Tuberculosis Screening form for TB testing with your signature to their Volunteer Coordinator prior to the first day of training.

ORIENTATION

Teens must attend all orientation sessions. The training will be held at HOV's main administrative office: 1510 E. Flower St., Phoenix, 85014.

Snacks will be provided during the training. Your teen may want to bring his or her own lunch. Refrigerators and microwaves are available on site. To ensure safety, teens are not allowed to leave the facility during break/lunch time. Parents are welcome to join us the last half hour on the last day of training.

POST ORIENTATION

The Teen Volunteer Program offers high school students the opportunity to serve patients who are nearing the end of their lives. Volunteers will be placed with hospice patients in skilled nursing facilities, group homes, assisted living facilities, or PCUs. Volunteers typically visit with patients, read to them and help patients who want to chronicle their life story.

Palliative care unit assignment

Efforts will be made to place teens in a palliative care unit (PCU) close to their home or school. Teens will be oriented and shadowed by a facility volunteer who will contact your teen to schedule a time. An online service report is required after each volunteer visit to document the hours volunteered.

One-on-one patient assignment

Teens will be assigned to visit a patient in a skilled nursing facility, group home, or assisted living facility close to their home or school. The Volunteer Coordinator will attend the first patient visit with the teen. An online service report or time log is required after each volunteer visit to document the hours volunteered.

Dress code

Teen volunteers must wear the HOV shirt issued to them during orientation, along with their identification badge. Contact your Volunteer Coordinator for replacement of lost or damaged badges and shirts.

Confidentiality

To ensure confidentiality, parents and friends are not allowed to join teens on patient visits. If you are interested in joining the adult volunteer program, please call 602.636.6336 or apply online at hov.org.

ONGOING ACTIVITIES

Peer support meetings

Your teen is invited and encouraged to attend peer support meetings. These meetings provide an opportunity for emotional support among peers. RSVP is required.

Continuing education quizzes

Each year, the State of Arizona requires HOV volunteers to complete two hours of continuing education. Teens will be contacted and asked to complete two simple quizzes. They are available online, but can be mailed home upon request and returned using a provided prepaid envelope.

Teen volunteer scholarships

Teens may apply for an HOV scholarship. Application information is available online at hov.org/teen-volunteer-programs. Teens applying for scholarship monies must be in their senior year of high school and have met their service commitment of 50 volunteer hours following orientation.

We are here to support our teens through their volunteer experience. We also have teen grief resources available; let us know if your teen has a need for this resource.

Thank you from all of us, and welcome to Hospice of the Valley!



Stacia Ortega, LCSW

Director of Volunteer Education & Special Programs

602.530.6987



PARENT / GUARDIAN CONSENT

Teen Volunteer Program

This consent form is provided to the parents/guardians of teen volunteers under the age of 18 to inform you of policies and procedures. As the parent/guardian, you play an important role in your child's experience as a hospice volunteer. Please read this with your child and sign the statements below indicating acceptance and understanding.

- Precautions to prevent infection are taught to your child during volunteer training, as required by federal law.
- All patient information, protected by federal privacy laws, must be kept confidential. Your child will sign a Statement of Confidentiality and acquire an understanding of the Health Insurance Portability and Accountability Act.
- Hospice of the Valley may contact your child's high school counselor, principal, teacher and/or school nurse.

Patient visit volunteers

The U.S. Occupational Safety and Health Administration require individuals to be screened for tuberculosis prior to working in a health care setting. Your signature below gives consent for your child to have a TB skin test and provide a yearly health history in relation to TB screening. Information regarding TB disease is provided during your teen's volunteer orientation.

- Your child will be required to complete and return a Volunteer Service Report form after patient/family visits. This documentation becomes part of the medical records and is considered a confidential document. Hospice of the Valley relies on this documentation for the patient's plan of care and to comply with government regulations.
- Your child agrees to commit at least 50 hours to Hospice of the Valley for a period of one (1) year.

Thrift shoppe volunteers

- Your child will be involved in physical labor that may include lifting up to 20 pounds.
- The Thrift Shoppe volunteer tasks include sweeping, dusting, washing dishes, sorting clothes, throwing away trash and washing automobiles.
- Your child will participate in a 45-minute orientation at the Thrift Shoppe prior to volunteering.

I, _____, as parent/guardian of _____
print parent / guardian name print teen name

do hereby consent for my teen to participate as a Hospice of the Valley Teen Volunteer as set forth in the program description.

Teen volunteer agreement

I, _____, will honor my commitment regarding time and length of service.
print teen name

I agree to abide by the Teen Volunteer Service Policies. I will maintain a professional attitude and appearance, and will maintain high work standards in my interactions with patients, staff and other volunteers.

Teen Volunteer Signature _____ Date _____

Parent / Guardian Signature _____ Date _____



HIGH SCHOOL COUNSELOR
OR TEACHER REFERENCE
Teen Volunteer Program

Date _____

Name of High School _____

Name of school counselor or teacher _____

Student name _____

What year is the student? _____ How old is the student? _____

How long have you known this student? _____

What are the career goals of this student (if known)? _____

Do you feel this student is mature enough to work with patients facing end of life? _____

Please explain _____

Does this student interact / communicate well with other people? _____

Please explain _____

What qualities does this student possess which would make him/her a good candidate for becoming a volunteer with Hospice of the Valley? _____

Is this student reliable? _____

Why are you recommending this student for the Hospice of the Valley Teen Program? _____

Has this student ever been disciplined or suspended, including but not limited to probation? _____

Please explain _____

Counselor / Teacher Name _____

Signature _____ Date _____



AUTHORIZATION TO QUOTE, PHOTOGRAPH,
AUDIOTAPE AND VIDEOTAPE
Teen Volunteer

Hospice of the Valley requires volunteers to wear agency identification badges that include a photo and name. By signing below, you are giving the agency permission to take the badge photo.

Teen volunteer name _____

Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Relationship to child _____

On occasion Hospice of the Valley features teen volunteers' statements and images in educational, promotional and informative material, such as newsletters, videotaped testimonials and websites. The news media sometimes cover activities related to our teen volunteer program and may take photos and conduct interviews that are published in print or posted on websites.

By initialing this blank, you grant permission for the teen's photo and statements to be used for these additional purposes beyond the identification badge: _____ (initials).

This authorization can be revoked at any time, except for action based on this authorization that has already occurred. No payment has been promised or expected for the use of the teen's image or statements. You are under no obligation to sign this form.

Hospice of the Valley, its employees, offices and physicians are hereby released from legal responsibility or liability from disclosure of the above information to the extent indicated and authorized herein.

_____ *For staff use only* _____

If authorization is given to use the teen's image or statements for purposes beyond the badge, please make a copy of this authorization form and note the circumstances. List the date/place/purpose, such as media interview or photo, videotape testimonial for hov.org; videotape for education or photo for volunteer recruitment poster. Forward the copy to Creative Services.



TEEN VOLUNTEER TUBERCULOSIS SCREENING

Teen name (print) _____

I understand that the U.S. Occupational Safety and Health Administration requires individuals to be screened for tuberculosis prior to working at healthcare agencies.

I give permission for Hospice of the Valley licensed personnel to administer the U.S. Centers for Disease Control and Prevention recommended dose for a TB skin test (TST). I understand that once administered, the site must be viewed within 48–72 hours by Hospice of the Valley licensed personnel. I understand that while infrequent, in some individuals, strong positive reactions may include ulceration and possible scarring at the test site.

If the result of the TST is positive, I understand that clearance will be required by a healthcare provider prior to my child's assignment with Hospice of the Valley.

Tuberculosis screening

Is your child pregnant? No Yes—TST is not contraindicated during pregnancy, however, Hospice of the Valley requires a note from a physician prior to TB testing for pregnant teens.

Has your child ever tested positive on a TB skin test? No Yes—If yes, please provide medical clearance for TB.

If you answer Yes to any question below, please explain.

1. In the past year have you had a persistent cough, longer than 3 weeks duration? No Yes: _____
2. In the past year have you had blood in your sputum? No Yes: _____
3. In the past year have you had unexplained, unplanned weight loss? No Yes: _____
4. In the past year have you had unexplained fatigue? No Yes: _____
5. In the past year have you had unexplained night sweats? No Yes: _____
6. In the past year have you had unexplained fevers? No Yes: _____
7. Have you had known exposure to a person with active tuberculosis? No Not known Yes: _____
8. Have you had BCG immunization (vaccine for TB)? No Not known Yes: _____
9. Have you ever taken INH (a tuberculosis drug)? No Yes: _____

Signature of Parent / Guardian _____ Date _____

Print Parent / Guardian Name _____ Relationship to Child _____

Teen Volunteer Signature _____ Date _____

TB/PPD Skin Test

Lot number _____ Expiration date _____

Date and time placed _____ Left forearm by _____ RN LPN

Read result 48–72 hours after test is given: between (date and time) _____ and (date and time) _____

Date and time read _____ Induration: No Yes: millimeters _____

If greater than 10 mm, the result is considered a conversion; contact the Employee Health Nurse at 602.776.6784.

Read by (signature) _____ RN LPN

Submit form to your volunteer coordinator.

TO BE COMPLETED BY EMPLOYEE HEALTH

Negative skin test and screening

Employee Health Nurse _____ Date _____ Medical Director _____ Date _____

Notes _____

Part of the HOV employee/volunteer health record; forward to Human Resources or Volunteer Department after completion.