HOSPICE of the VALLEY

Dear Parent/Guardian:

Thank you for supporting your teen's participation in Hospice of the Valley's Teen Volunteer program. Below is information that will help you be aware of our program requirements and what your teen will be doing during their volunteer service.

Your teen's volunteer coordinator is:
Laurence Sinn: (602) 626-0702
lsinn@hov.org

Pre-Orientation Preparation

Prior to orientation we will need the following forms completed:

- ☐ Parent/Guardian Consent form
- ☐ High School Counselor/Teacher/Community Member reference form
- ☐ Authorization to Quote, Photograph, Audiotape and Videotape form
- ☐ Tuberculosis (TB) Screening form

Please note that all volunteers are screened annually for TB. During volunteer orientation your teen will be given a TB skin test if they do not have a current record of one. The test is offered at no charge on the first day of volunteer orientation. The TB test must be read and signed off within 48–72 hours at one of our Palliative Care Units (PCUs) by a nurse. The teen will need to return this signed form to their volunteer coordinator. Our PCUs are open 24/7 and appointments are not needed. Prior to orientation, please ensure that the TB screening questions are completed.

Teen Volunteer Orientation

- ☐ Two-day session prepares teens to provide support and companionship to hospice patients.
- ☐ Teens are required to attend all sessions.
- ☐ Orientation is held at Hospice of the Valley's main office. Please review the orientation handout for details.
- ☐ Snacks and water are provided. We recommend that your teen bring his lunch as we do not allow teens to leave the facility to ensure safety.
- ☐ Since this is a professional experience for teens we ask that they attend alone. You are welcome to join us the last half hour on the last day of training so you can offer your congratulations for their hard work.

A legacy of *caring* since 1977

1510 E. Flower St.
Phoenix, AZ 85014
(602) 530-6900
FAX (602) 530-6901
hov.org

Post Teen Orientation

Here is what your teen can expect:

☐ Teens will receive follow up from their volunteer coordinator to determine their assignment. Assignments may include:

- Palliative care unit (PCU)
- One-on-one patient visit at a skilled nursing facility, group home or assisted living facility.
- Facility activity assignment.

Guidelines

☐ Teen volunteers receive an orientation reference manual in USB form outlining volunteer guidelines.

☐ Dress code—Your teen will receive an HOV t-shirt and name badge to wear during volunteer shifts.

☐ Confidentiality—To ensure confidentiality, parents and friends are not allowed to join teens on patient visits. If you are interested in becoming an adult volunteer, please call (602) 636-6330 or apply online at hov.org.

Ongoing Activities

☐ Peer support meetings are held quarterly so that your teen has the opportunity to share volunteer experiences with other teens.

☐ Your teen will be required to complete two continuing education modules along with an OSHA information packet each year as mandated by the State of Arizona. This information will be sent via email.

☐ Hospice of the Valley provides the opportunity for teens to apply for a scholarship. Application information is available online at hov.org/teen-volunteer-programs or through the Volunteer Coordinator.

We are here to support our teen volunteers. If you have any questions or concerns, please feel free to contact us for resources and assistance. We have teen grief resources available. We know teens have busy lives and we are thankful they are becoming part of our team.

Sincerely,

Stacia Ortega, MSW, LCSW, CT
Director of Volunteer Services

HOV Teen
Hospice of the Valley Teen Volunteer Program

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 _____

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HIGH SCHOOL COUNSELOR/ TEACHER/ COMMUNITY MEMBER REFERENCE

Teen Volunteer Program

Date _____

Name of High School _____

Name of school counselor, teacher,community member _____

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 / Community Member Name _____

Signature _____ Date _____

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AUTHORIZATION TO QUOTE

Teen Volunteer Program

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.

_____

_____

_____

_____

_____

_____

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TB SCREENING RECORD

Teen Volunteer

Name (print) _____ ☐ Staff ☐ Volunteer ID number _____

Tuberculosis Screening

All clinical employees and volunteers must complete and sign the following questionnaire annually.

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

Have you ever had a positive test result on a TB/PPD skin test? ☐ No ☐ Yes: _____

In the past year have you had a persistent cough, longer than 3 weeks duration? ☐ No ☐ Yes: _____

In the past year have you had blood in your sputum? ☐ No ☐ Yes: _____

In the past year have you had unexplained, unplanned weight loss? ☐ No ☐ Yes: _____

In the past year have you had unexplained fatigue? ☐ No ☐ Yes: _____

In the past year have you had unexplained night sweats? ☐ No ☐ Yes: _____

In the past year have you had unexplained fevers? ☐ No ☐ Yes: _____

Have you had known exposure to a person with active tuberculosis? ☐ No ☐ Yes: _____

Have you had BCG immunization (vaccine for TB)? ☐ No ☐ Not known ☐ Yes: _____

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

Complete for new employees and volunteers, annually for Admission Coordinators.

STEP 1

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) 287-3930.

Read by (signature) _____ ☐ RN ☐ LPN Step 2 test due _____ ☐ N/A

If step 2 test is not required: Staff, submit form to HR; Volunteers to your coordinator.

STEP 2 (IF APPLICABLE)

Give second PPD skin test (no sooner than 7 days from the first 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) 287-3930.

Read by (signature) _____ ☐ RN ☐ LPN Staff, submit form to HR; Volunteers to your 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.