



Hospice of the Panhandle Volunteer Training

Hospice of the Panhandle is looking for compassionate people to help hospice patients and their families both directly and behind the scenes!

Volunteer opportunities:

Patient Support volunteers help hospice patients and their families by making companion visits, providing a break for families, providing transportation for the patient, providing 11th-hour comfort, light housekeeping, cooking and baking, gardening, household repairs, running errands, picking up and dropping off supplies, and deliveries. Patient support volunteers do not provide any personal care to patients.

Organizational volunteers provide support for hospice staff in one of our offices or in our inpatient facility. This may include tasks such as filing, data entry, making phone calls and more.

We Honor Veterans volunteers are military veterans who reach out to hospice patients who are also veterans, recognizing them for their service and providing friendly visits and performing honor ceremonies at the inpatient facility.

Legacy volunteers help patients and families by creating lasting memories with them. Legacy volunteers might sew stuffed bears out of a patient's clothing, help a patient write letters to their loved ones, make audio recordings of the patient talking to his or her loved ones and much more.

Fundraising and public events volunteers participate in fundraisers to benefit Hospice of the Panhandle and other public events such as health fairs, charity fairs and more.

Professional services volunteers are volunteers who are licensed or certified in the state of WV to provide a service such as haircuts, massage therapy, pet therapy and more.

You are 3 steps away from becoming a hospice volunteer!

- ✓ 14-hour training course
- ✓ Background check (includes fingerprints, driving record and tuberculosis screening)
- ✓ Post-training interview

Registration is required.

For more information, call Katrina Stevens at (304) 264-0406, ext. 1227 or email her at kstevens@hospiceotp.org.

Please complete the bottom of this form and return it to:

Volunteer Department, Hospice of the Panhandle, 330 Hospice Lane, Kearneysville, WV 25430

Registration for Hospice of the Panhandle Volunteer Training

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone (Home) _____ (Cell) _____

Email address _____

Why I want to volunteer _____