



DOANE HOUSE HOSPICE



Living every moment

laughter • friendship • support • hope

DOANE HOUSE HOSPICE

VOLUNTEER MANUAL



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Welcome,

We look forward to working with you in the future and know that you will be a great asset to the community through your service to our clients and their families as they deal with life-threatening illness.

Thank you for choosing Doane House Hospice.

Sincerely,

*Juliet Irish,
Executive Director*

*Jean Anderton
Administrative Coordinator*



SECTION ONE:	Introduction		
DOCUMENT/POLICY:	Introduction To Doane House Hospice		
ISSUED BY:	Board of Directors	APPROVED BY	Executive Director (ED)
DATE:	May 2008/Jan. 2016		

Doane House Hospice is a community volunteer group whose purpose is to assist people with a life-threatening illness. Hospice helps the family and the dying person pass through this natural life process with as little fear and pain as possible.

When an individual and family enter into the hospice program, the whole purpose is to assist the client and members of the family to find the greatest attainable meaning and satisfaction in life in the time remaining. A primary emphasis is on symptom control with respect for the patient's physical and spiritual comfort and dignity. Hospice volunteers work in co-operation with the physician, the family and community health care agencies.

Doane House Hospice is managed by a small staff and is overseen by a volunteer board. Volunteer recruitment is an ongoing process at Doane House Hospice. Our volunteers are the back bone of this organization and without them we would not be able to operate.

Volunteers provide support, companionship and practical assistance. They are also available for running errands, transportation and providing a short-term respite to enable families to function in as normal a family pattern as possible. All volunteers are screened, police checked and trained for their volunteer role. This training addresses Hospice philosophy, techniques of care and communication skills.

There are other services available to a dying person and their family, but Hospice is the one that fills in the blanks and enables the person to remain at home in the peaceful and loving environment of the family.

There is no charge for the services of Doane House Hospice.



SECTION ONE:	Introduction		
DOCUMENT/POLICY:	Mission, Vision and Values		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

Mission

We are dedicated to enhancing quality of life through the provision of non-medical support for those affected by or caring for an individual with a life threatening illness, and grief and bereavement support for those who are bereaved.

Vision

It is our vision that volunteer hospice care will be accessible to all individuals in our community. We strive to create sustainable programs and services through innovative fund development and volunteerism.

Values

Client and Family Centered

Respect

Dignity

Integrity

Community Collaboration



SECTION ONE:	Introduction		
DOCUMENT/POLICY:	History of Doane House Hospice		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

Hospice embraces a philosophy of compassionate care that centers on relieving physical and emotional pain and aims to make those with a life-threatening illness feel empowered and in control of their lives. Anyone living with a progressive or advanced illness whose primary treatment goal is quality of life is eligible for Doane House Hospice care. Compassionate and practical support extends to family and friends, recognizing that they too need support and caring. Hospice care affirms life. Emphasizing quality and focusing on living with comfort and dignity. There is no cost for Hospice Services and anyone can make a referral to our programs.

HISTORY

Doane House Hospice, formerly known as Hospice Newmarket, began in 1988 when 3 individuals in the community, identified a need for hospice services in Newmarket and the surrounding area. A board was elected in 1988 and the agency became incorporated and registered as a charity on April 4, 1989. These original volunteers dedicated many hours to form the structure of the organization, provide training for the volunteers and started to provide support for individuals with terminal illnesses through an in-home visiting program.

Through the ensuing years, the hospice has grown and developed more programs for clients and their caregivers, including a Bereavement Support Program, Art Therapy for children and their families, a Caregiver Support Group, and the Oasis Day Program. These programs were made possible with the support of the United Way of York Region, The Ontario Trillium Foundation, the Ministry of Health Long Term Care, Individual and group donations as well as developing unique fundraising events.

Hospice Newmarket changed its name to Doane House Hospice on May 23, 2003, following the successful restoration and renovation of the historical 1845 Doane House. A partnership with the Historical Society was formed for this endeavor and a grant from The Ontario Trillium Foundation contributed to the success. We felt the name change reflected more accurately the area that we service which includes north Aurora, East Gwillimbury and Bradford, as well as honoring one of Newmarket's original settlers.



We now have a friendly and warm home like atmosphere for our clients and caregivers. Doane House Hospice has a small staff and 120 dedicated volunteers.

PARTNERSHIPS

Partners are crucial to Doane House Hospices' success. These include:

- Palliative Care Network of York Region provide education for our volunteers, as well as our transfer payment agency.
- Hospice Association of Ontario (HAO) is Canada's largest Hospice organization, consisting of more than 180 community-based provincial volunteer organizations. HAO's mission is to ensure that their members consistently deliver the finest end-of-life care possible to individuals with life-threatening conditions, their families and friends. Provincial standards and accreditation enable hospices to assess and evaluate their competence, service delivery, accessibility, safety, and continuity of care.
- Six Hospices in York Region work in collaboration and are also a source of referrals.
- Following a 6 year partnership with Wellspring @ Sunnybrook, Doane House Hospice took over the Yoga and Relaxation and Visualization meditation program. Which has enabled cancer patients and their caregivers the opportunity to access those services here as opposed to going to Toronto
- ALS Society of Canada
- Community Care Access Centre, a referral source and part of the hospice palliative care team. We come together bi-weekly to discuss the best care plan for clients.
- Southlake Regional Health Centre –Stronach Cancer Centre
- The Newmarket Historical Society partnered with Doane House Hospice and helped fundraise for the relocation and restoration of the Doane House.
- The Town of Newmarket made it possible for us to move and renovate the Doane House. The Region of York were instrumental in approving the location of Doane House on its land.
- Krasman Centre & AIDS Committee of York Region.
- Chamber of Commerce
- Treefrog
- Newmarket Bingo World



KEY ACHIEVEMENTS

- The Oasis Day Program was introduced in 1999 offering one day a week for our clients that were able to leave their homes for companionship and support and provide respite for families.
- Art Therapy was introduced in 2002 and many children who were dealing with grief have benefited from this one-on-one support from the trained therapist.
- The Relocation and Restoration of the Doane House in 2002/2003 was a major undertaking, which involved 70 volunteers donating 4500 hours. The preservation of this rare, early farmhouse provides a link to our past and a visual history of its heritage. Our profile in the community has increased significantly, space has been provided for our bereavement support programs and a home-like meeting environment for the oasis day program.
- A second day for the Oasis Day Program was introduced in January 2004 alleviating a waiting list, and enabling more clients to enjoy support at this weekly program.
- The Care-givers Support Group introduced in 2004 has been very successful in supporting family members of our clients.
- The number of clients has increased steadily over the years due to the visibility of our new facility and the success of our programs. In 2015 we provided support for 500 clients and their families.
- We had a volunteer base of 120 active volunteers.
- In 2008 – we were the recipients of the Inaugural Business Excellence Award for a charity.
- For sustainability and capacity building Doane House Hospice developed a partnership with the Krasman Centre and AIDS Committee of York Region and secured funding in 2006 for a Coordinator of Volunteer Services. This has enhanced our public awareness, increased our volunteer base and has enabled us to provide more clients with support.

CURRENT GOALS AND OBJECTIVES

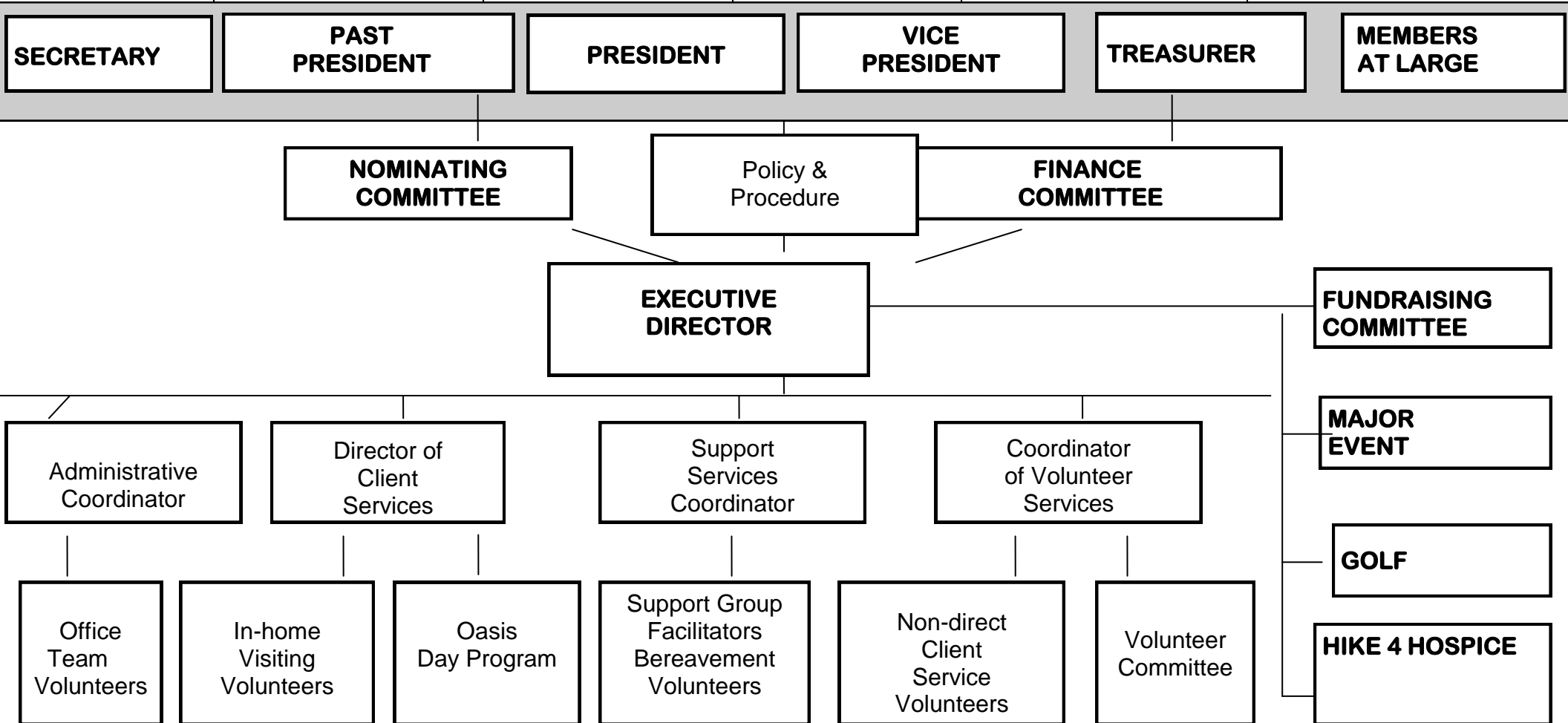
Doane House Hospice receives 20% of its funding from the Central Local Health Integrated Network. The remaining 80% is raised through fundraising, sponsors and donations. Doane House Hospice continues to identify and determine funding needs of the agency through needs assessments and evaluation of the programs and services currently provided. Our fundraising committee is identifying potential sponsors and looking for 3rd party fundraising opportunities.

Public Awareness is ongoing through our brochures, presence in the community, display poster, and our website: www.doanehospice.org. We continue to seek out and participate in local public awareness opportunities with the assistance of our volunteer team.



DOANE HOUSE HOSPICE

SECTION ONE:	Introduction		
DOCUMENT/POLICY:	Organizational Structure of Doane House Hospice		
SSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		





DOANE HOUSE HOSPICE SERVICE AREA

Doane House Hospice serves the area of North Aurora, Newmarket, East Gwillimbury and Bradford and is part of the Central LHIN. The black outline shows the area that we serve.





SECTION ONE:	Introduction		
DOCUMENT/POLICY:	The Staff at Doane House Hospice		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008	Revised Jan 2016	



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SECTION ONE:	Introduction		
DOCUMENT/POLICY:	After Hours Support		
ISSUED BY:	Board of Directors	APPROVED BY	
DATE:	May 2008	Revised January 2016	

Doane House Hospice is open Monday – Friday from 8:30am – 4:30pm.

In case of an emergency, we offer an after hours telephone number:

647-294-1156

This connects you to a staff member. This number is activated from 4:30pm – 10:00pm on weekdays and from 8:30am – 8:30pm on weekends.

This number, however, is not a substitute for 911.



DOANE HOUSE HOSPICE

SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Summary of Volunteer Opportunities		
ISSUED BY:	Board of Directors	APPROVED BY	ED & VC
DATE:	May 2008/Jan 2016		

Doane House Hospice Volunteers undertake a minimum 30 hour core conceptions training program before deciding which area to commit to.

VISITING VOLUNTEER PROGRAM

The Visiting Volunteer Program provides companionship, emotional, spiritual, practical support and short-term relief for the caregivers in the client's home. Practical support may include day to day needs such as appointments, shopping and outings or maintain contact through regular telephone calls.

BEREAVEMENT

Trained Volunteers offer education and support to both family members and friends coping with the loss or illness of a loved one. The program offers a variety of formats including:

- Individual Support with staff member or seasoned volunteer
- Group Support with a facilitator
- Family Support
- "Walk and Talk" – one morning a week around Fairy Lake in Newmarket
- Art Therapy: offers a different approach to traditional talk therapy, using art to help children, adolescents and adults express thoughts and emotions they may not know how to otherwise express.

OASIS

This day program provides a safe environment for social interaction and activities that illness can often restrict. The program offers valuable respite time for caregivers while participants enjoy the weekly activities, lunch and the company of one another.

Activities are based on the interests of participants, including crafts, card games, painting, guest speakers, yoga, reflexology and reiki.



ADMINISTRATIVE SUPPORT

May include a number of activities, such as maintenance of the resource library, newsletter preparation, community outreach, as well as general office tasks and other indirect client support for programs and services.

SPECIAL EVENTS AND FUNDRAISING

Volunteers work under the direction of the Executive Director to help with fund development for special events at Doane House Hospice i.e. Golf tournaments, Hike 4 Hospice, and third party events.

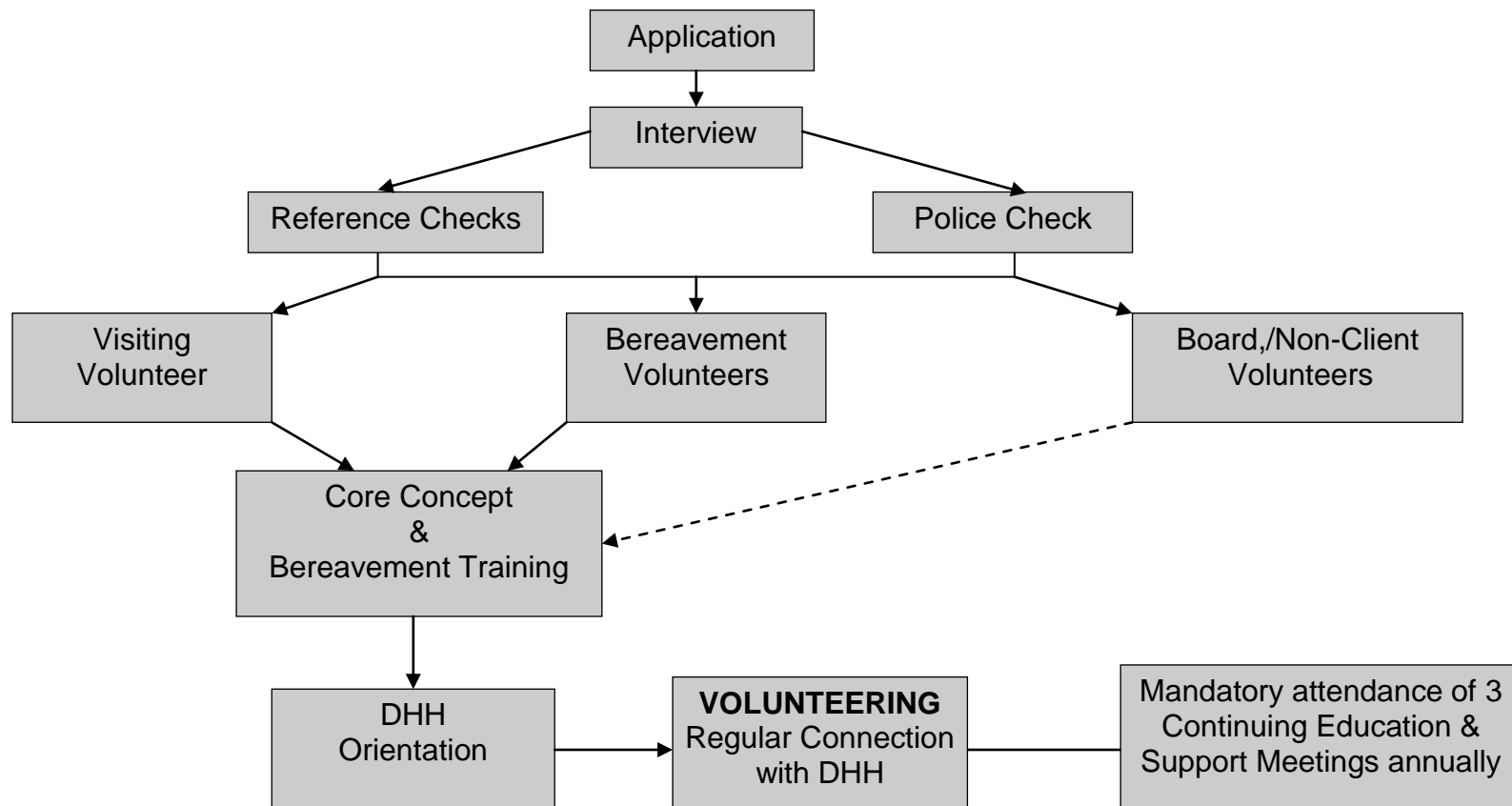
BOARD COMMITTEES

The Board of Directors is responsible for setting the strategic direction of the organization, and overseeing its management. Volunteers with medical, legal, financial, marketing, social service and other professional skills serve on the Board.



DOANE HOUSE HOSPICE

SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Doane House Hospice Volunteer Process		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		





SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	The Role of The Hospice Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

CHOOSE TO BE

They are the people who are there, because they choose to be. They have indicated their interest and undergo extensive training so that they may relate to clients with a terminal illness and their families.

COMPLETE THE TEAM

Hospice volunteers work to support clients and families in many ways and complete the total team effort that is so valuable to hospice palliative care. Hospice volunteers help to address the serious shortages of health care professionals and home care workers. While volunteer hospice palliative care volunteers cannot deliver medical care, they can provide this non-medical, compassionate care that consumers indicate is so vital. Volunteers provide emotional, psychological and spiritual support to the client and the family.

LISTENING

The words “**listen**” and “**silent**” have the same letters in them. Volunteers are aware of the fact that you do not have to speak in order to be there for the client. The art of listening is practiced and carried out throughout hospice work.

IMPARTIAL: NOT MEDICAL; NOT FAMILY; NOT FRIEND

Volunteers are viewed by clients and their families as peers and as such can provide the kind of human contact that allows for frank communication. Information that the client is unable to share with doctors, nurses and/or family, due to their total dependence on them for physical well-being, is often accessible to the volunteer. The volunteer can assist the client to find non-threatening ways to communicate these needs and may give the professional members of the team a clearer insight into client and family needs.

FRESHNESS OF PERSPECTIVE

Volunteers do not see the client every day, so a certain freshness and vitality arrives with each volunteer visit. They bring the community and their own special talents to visit the client.



DOANE HOUSE HOSPICE

SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Things To Consider When Applying To Be A Hospice Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

Volunteer Services are an integral component of the Hospice Program. In considering whether Hospice volunteering is a service you want to give at this time, please consider the ideas expressed below.

You have an interest in the Hospice concept, and have the desire to help others. You have some awareness of what is drawing you to Hospice work, and are willing to explore this in depth.

You are sensitive to the special needs of dying patients and their families, and have chosen to work to support them.

You are aware of the losses you have experienced, and your way of grieving, and have a sense of perspective about life and death, loss and grief. If you have experienced a significant personal loss within the past year, one which you are still actively grieving, please consider carefully your present ability to take on a demanding training program. This work can intensify your own grief. We will review each applicant individually in this regard.

As working at Hospice can be stressful at times, it is important that you have good supports and ways of taking care of yourself, meeting change and the unexpected with ease.

You are open to others who may have different values, beliefs and ways of living. You are able to listen well, and to validate others where they are, rather than where you might believe they should be.

As you may be called on to work in a variety of areas and perform many different tasks, self-reliance, flexibility and adaptability are assets. Realistic awareness of your own strengths and weaknesses, and the ability to set limits are important.

You will like working as part of a team, and you are dedicated to your own growth and on-going learning. Your personal strengths will likely include warmth, concern for people, a sense of humor and approachability.

You are willing to commit yourself to the training and to the volunteer responsibilities that follow, and to gaining an understanding of the standards and policies of the Hospice program.

You are not bringing personal agendas or “missions” to your Hospice work, and understand that our work is not to change people, but to be with them where they are.



SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Rights and Responsibilities of a Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

RIGHTS OF A VOLUNTEER

- To be treated as a co-worker, not just free help.
- To have a suitable assignment with consideration for personal preference, temperament, education and skills.
- To have a well-planned program of training and supervision.
- To continuing education on the job and the follow-up to initial training...training for greater responsibility.
- To sound guidance and direction
- To be offered a variety of experience within the organization
- To be heard, to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.
- To recognition for the valued service you provide.

RESPONSIBILITIES OF A VOLUNTEER

- To be sincere in the offer of service and believe in the value (worth) of the job to be done.
- To be loyal to the organization and the staff with which they work.
- To maintain the dignity and integrity of the organization with the public.
- To understand the job they undertake.
- To carry out duties promptly and reliably to the best of their ability.
- To be willing to learn and participate in orientation, training programs, and to continue to learn on the job.
- To accept the guidance and decisions of the Coordinator of Volunteer Services.
- To maintain a smooth working relationship with others and **stay within the bounds of the volunteer placement description.**
- To contribute to supervision by self-evaluation and a willingness to ask.



SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Guidelines For Volunteers		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

1. BE YOURSELF

While it is important to be attentive to the client and listen more than talk, people who are ill appreciate being treated naturally, and in this way are reassured that their illness has not set them apart any more than in obvious ways. The volunteer should relate to the client in the same manner displayed in other situations. Relate to the client, not the disease.

2. MEET THEM WHERE THEY ARE

The concept of tuning in to the family and meeting them in terms of their own values and life patterns is important. Regardless of how much you may disagree with a family's way of dealing with their situation, it is never appropriate to give unsolicited advice. Patterns of interaction between family members, no matter how counterproductive they may seem to you, have been formed over years of association, and are rooted in a history of which you are not a part. Your responsibility is to work as helpfully and harmoniously as possible within the given structure, not to try to change it.

3. LISTEN NON-JUDGEMENTALLY

Listen non-judgmentally, to meet the needs of the client and family rather than your own. It may mean listening to the same stories over and over again. It may mean listening to outbursts of anger, frustration and resentment which serves to release tension. You may even be the target for some of these negative feelings. Don't take it personally. People under severe stress often act inappropriately.

4. BE FLEXIBLE WITH PHYSICAL CONTACT

Some people like to touch and be touched. Others don't. In most instances, clients welcome hand holding and other appropriate physical gestures as a means of communication, caring and connecting, without the necessity of tiring conversation. Family members too, often respond to a hand on the arm or a hand on their hand.



5. BE DEPENDABLE

To people in crisis, whose lives are subject to so much unpredictability, it is essential to know that they can count on someone or something. Never offer more than you can deliver. The life of a seriously ill client has little variety and a few distractions and therefore each outside contact assumes larger than usual proportions and importance. What may be a minor part of your week may be the single event that the client has been eagerly awaiting for days. It may also be an opportunity for the primary care-giver to have some private time away from the responsibilities of client care.

6. BE DISCREET

Client information is confidential; therefore references to the client/family by name should be confined to contacts with the hospice team, either individually or at meetings. Information of extreme confidentiality divulged by a client or family member should not be shared in a group session unless it bears directly upon the designing of a care plan. Such information may be shared with the individual team members, however, if needed for the piece of mind of the volunteer. At no time should a volunteer promise “not to tell anyone” any piece of information alluded to by a client or family member. It is for the protection of both the client/family and the volunteer that the volunteer be allowed to use his/her discretion as to whether or not information needs to be passed along to an appropriate team member.

REMEMBER “LITTLE THINGS MEAN A LOT”

A positive attitude and pleasant expression mean a lot, not phony cheerfulness but a clear message of caring and attention. This attention may be as minor as remembering that perfume and after-shave can have an unpleasant effect on the client, or that grooming and manner of dress (i.e. choice of colours) can help lift the spirit.



SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Self-Care		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

It is very important that as a volunteer you are aware of your own needs, health and well being. Listed below are some practical tips for ways in which you can maintain proper self-care.

- **Talking to Others:** It is important to talk to your hospice team in regards to issues and experiences you are facing. Confidentiality prevents you from discussing client’s personal information with individuals outside of the hospice. However, personal support systems may be used as long as confidentiality is upheld.
- **Be knowledgeable about the client & family:** It is important to make sure that you know as much information about the client and the family as possible. This will make you feel more comfortable and allow the client to feel a sense of safety and security.
- **Self-care:** It is very important that you have good stress management skills. To avoid burnout out do things that allows you to relax and regenerate your soul. For instance, spending time with family and friends, reading, writing, yoga or whatever it is that allows you to take care of yourself, physically, emotionally and mentally.
- **Know your limits:** It is essential to maintain a balance and clear perspective. Although the demands of the volunteer position may ask more of you – stick with the time allotment that is reasonable and best for you. Make sure that you have enough time and balance in your life for yourself, your family and your work. If you find that your volunteer position is requiring more of your time, contact your Coordinator and discuss it with her.
- **Sense of Humor:** It is essential that you remember to always maintain your sense of humor. Laughing is the best medicine and can lighten any situation.
- **Watch for signs of Compassion Fatigue:** Compassion fatigue comes from the desire to alleviate the client and/or family’s struggle. Signs of compassion fatigue include: constantly trying to solve the client’s problems; fatigue; feeling overwhelmed; and a sense of helplessness. Should you notice any of these symptoms, contact the office.



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SECTION TWO :	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Volunteer Monthly Time Record		
ISSUED BY:	Board of Directors	APPROVED BY:	
DATE:	May 2008	Revised Jan 2016	

Reporting hours is extremely important as these figures are used to obtain our government funding. Please include time spent on the telephone, travelling and visiting with your client. Any extra activities, including special events, meetings etc. should be recorded separately in the column provided.

Volunteer: _____ **Month:** _____

DATE	CLIENT	VISITING HOURS	OTHER HOSPICE HOURS
TOTAL HOURS			

Please submit all hours at the end of each month by phone, fax or email. Please ensure that you check the volunteer section of the DHH website weekly.



SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Doane House Hospice Policies and Procedures		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

Role of the Volunteer VI-90

Doane House Hospice has a process for informing volunteers of their roles, responsibilities and limitations. The Volunteer Manual includes policies and procedures relevant to the volunteer roles.

Training is provided to address the responsibilities and limitations of the volunteer.

Volunteer Screening VI-10

A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.

The screening/selection process consists of a number of steps including:

- Application Form completed
- Interview conducted
- 2 references checked
- Police Records Check
- Observations made during the training and orientation program

Note: Screening is ongoing and includes regular monitoring, ongoing supervision/support and evaluation. An active file is maintained for each volunteer in which all steps of screening and ongoing supervision, etc. are documented.

Privacy of Personal Health Information V-05

Doane House Hospice respects client personal privacy and safeguards confidentiality and security in accordance with the Personal Health Information Protection Act. Hospice will explain to clients why personal health information is being collected and how the information will be used. Hospice will only ask for information that is needed to provide service.

Personal health information includes information obtained and collected in the course of a client’s relationship with Hospice that is related to their health and healthcare history.

Clients may ask to see their personal health information and request that data they feel is inaccurate, incomplete or out of date is corrected. Please contact your coordinator if your client requests to see their personal health information.



Declaration of Confidentiality VI-80

Doane House Hospice believes that all personal records, personal histories and discussion that pertain to individuals served by this agency are privileged and private and must be kept confidential.

Employees/volunteer are required to sign a Confidentiality Agreement (see appendices) and respect the declaration of confidentiality. Penalty for breaching confidentiality could include a reminder, remedial action and possible dismissal. Signed annually.

Conflict of Interest Policy

- 1 The reputation of Doane House Hospice in the community is dependent on the loyalty and integrity of its employees and volunteers and volunteers can not use their position with Doane House Hospice for personal or private business benefits or ventures.
- 2 Examples of conflict of interest include but are not limited to:

A Volunteer is a Real Estate agent giving business cards to volunteers or clients and encouraging them to sell or purchase through them.

Immediately upon suspecting that they may be in a conflict of interest position, volunteers must give their coordinator a written disclosure of such possible or actual conflict of interest, indicating the nature and extent of the interest and potential benefit.

Assignment VI-60

A volunteer may be assigned to a client/caregiver after collaboration with a Staff member to determine:

- | | |
|--|--|
| -nature of the client's emotional and service needs | -preference of the volunteer regarding the services offered |
| -geographical area | |
| -language, cultural background | -preference of the client/caregiver and the volunteer for characteristics such as age, gender, |
| -personal bereavement experience of the volunteer | -specific interests of the client and volunteer |
| -skills, qualifications, experience of the volunteer | |

The volunteer may choose to decline an assignment. The client and volunteer shall be informed of the procedure for changing the client-volunteer match if required.

Roles and Limitations

The hospice must provide:

- A position description (see appendices) for each volunteer role
- Appropriate training based on requirements of volunteer position



Volunteers must:

1. Make a weekly time commitment
2. Contact the assigned client within 2 days of accepting client assignment
3. Make themselves familiar with the Doane House Hospice information folder that is contained at each client's home that provides communication protocols
4. Perform record keeping based on requirements of position description (Volunteer Monthly Time Record)
5. **Check the volunteer section of the DHH website for updates on a weekly basis.**
6. Contact the appropriate Hospice staff if they are unable to complete their assignment
7. Complete the Volunteer Annual Survey
8. **Not** invite a client into their home
9. **Not** take other non-volunteers with them when visiting their client
10. **Not** complete banking transactions for clients or handle a client's money
11. **Not** give their personal contact information i.e. phone number(s) to clients
12. To protect this information, press *67 on your home phone. *67 can also be used on your Bell or Telus cell phone. If you have a Rogers or Fido wireless cell phone, you must dial #31# then proceed to dial your client's phone number, so that your number will not be displayed or revealed to your client.

*****There is NO charge to you for dialing *67 or #31#.**

Transportation V -140

Before a volunteer can transport clients and/or family caregivers, Doane House Hospice must have documented proof, updated annually, of:

1. Volunteer's valid Ontario drivers permit
2. Valid insurance coverage for the vehicle which will be used with a minimum \$1,000,000 liability
3. Signed a statement indicating that there are no outstanding Highway Traffic Act offences which would prohibit the volunteer from driving a motor vehicle (see appendices)

The policy at Doane House Hospice is that volunteers utilize their own vehicles, however in case of an emergency in which a volunteer must drive their client's car, the hospice must be provided with the following information (by phone) **prior to** excursion and will be recorded in the client record:

Name of Insurance carrier, insurance policy number, insurance expiry date and license expiry date of the client's vehicle.

Assistance with Physical Care and Comfort Measures VI - 45

The volunteer role is that of trained supporter, not expert or authority. Volunteers are not expected or permitted to perform skilled nursing services. If the client requires additional



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assistance with personal and/or nursing care, the volunteer must contact their Coordinator who will make appropriate referrals.

If clients (including caregivers) request that the volunteer provide some comfort measures, and the volunteer feels comfortable doing so, the volunteer may do so in accordance with the training provided by the Hospice. The volunteer may ask the caregivers for a demonstration of such procedures to ensure that the client's preferences and comfort are considered.

Administration of Medication VI - 40

Volunteers have **no** responsibility for medication and its administration - except that a volunteer may remind the client to take an oral medication prepared by a family member or nurse.

No fees, gifts or gratuities accepted for services VI - 160

In accordance with our registration as a not for profit, charitable organization, no fees gifts or gratuities for services are to be accepted. Failure to recognize this policy **could cause withdrawal of our charitable registration status.**

As a result, any member of Doane House Hospice accepting a fee for services will be terminated, and will be unable to participate with Doane House Hospice in any capacity for a period of 2 years.

Volunteers and staff **must not** accept money or bequests. All offers of gifts and/or gratuities must be reported to the Executive Director. If client/ family wish to make a donation to DHH please give them Executive Directors contact details or ask the ED to contact the family. Volunteers and staff may not lend or give money to clients.

Note: The purpose of this policy is 1) to avoid setting up expectations and/or power imbalances in the client/volunteer relationship and 2) to avoid potential legal conflicts that may arise if gifts given by the client are valuable to the family members.

Intimate Involvement with Clients VI - 180

Volunteers **must not** become intimately involved with clients during the period of time that hospice services are in place or after hospice services have ceased. Volunteers may only be in contact with the client for the duration that they are assigned by the hospice.

For the purpose of this policy, intimate involvement includes:

- engaging in friendly activities outside the parameters of the hospice volunteer role as outlined in the position description.**
- engaging in sexual or romantic activities.**

Failure to comply with this policy will result in immediate dismissal from hospice volunteer service, which is addressed in Policy VI-200 – “Terminating a Volunteer”.



Note: The term “client” includes the individual and the individual’s caregivers, family & friends.

Procedures:

1. If a volunteer receives a request from the client to spend additional time with him/her or to engage in activities prohibited by the Hospice, the volunteer must explain the Hospice policy and refuse to engage in such activity. **All such requests must be reported to a Staff member.**
2. The volunteer may only visit with the family **once** following the death of their client, in addition to attending the memorial event. Following this closure visit, **no further contact** is encouraged between the volunteer and the family. The Hospice will arrange for bereavement support programs to follow up.
3. Volunteers are requested to provide transition support from their role in the family to structured Hospice programs.
4. Hospice staff and designated representatives are available to provide support in establishing and maintaining boundaries and/or closure.

Medical Emergency VI - 50

Volunteers are part of a larger team of family, friends and professionals that provides care and support to Hospice clients. Volunteers do not replace the family as primary caregivers and are not expected to intervene personally in a medical emergency (hemorrhage, choke, injuries from a fall or significant sudden, unexpected change in the client’s condition).

Volunteers are expected to respond to the situation by ensuring the client’s comfort to the best of their ability and by notifying next of kin, the Staff member and/or the appropriate health professional.

Procedures:

1. The Staff member will ask clients to provide clear and current information regarding the client’s wishes in case of an emergency and who to contact. In doing so, the hospice seeks both to comply with the clients’ wishes and protect its own volunteers in the event of emergencies.

This information will be provided to the volunteer with initial case notes and/or will be available on the Emergency Plan in the client’s home.

2. In the event that the volunteer is alone with the client, and the client begins to hemorrhage, choke, suffer injuries from a fall or if there is a significant sudden, unexpected change in the client’s condition the volunteer must seek emergency medical help immediately. This may require calling 911 or the appropriate palliative physician as indicated by your Director of Client Services.
3. The next of kin and Executive Director must be contacted as soon as possible.



Expected Death, Unexpected Death & Resuscitation VI - 55

If the volunteer is present at the time of client's death, the volunteer must act according to the instructions provided to him/her in advance by the ED at Doane House Hospice.

The hospice respects the last known written Do Not Resuscitate Order (DNR) of a client, providing that the client was considered mentally competent at the time the order was made, and will not assist in facilitating the resuscitation of clients for whom such an order was made.

Procedures:

1. The Executive Director will make every attempt to ascertain whether or not a Do Not Resuscitate (DNR) order is in place prior to the volunteer's first visit. If this is not possible, clear emergency instructions and phone numbers must be documented and communicated to the volunteer.
2. In the event that a volunteer is present at the time of a client's death, the volunteer must immediately notify the Executive Director (after hours please leave a message). This event will be clearly documented in the client record.

If there is **no DNR order:**

1. If there is no DNR in place and the client stops breathing, the volunteer will call 911. Following this action, the volunteer will contact the next of kin to explain the situation and what action has been taken.

If a DNR order **is in place:**

1. If the volunteer and next of kin are present when the client stops breathing and the next of kin calls for 911 emergency services, the volunteer will not attempt to prevent him/her from calling. The volunteer may remind them respectfully of the DNR order and explain what action the Emergency team will take if 911 is called (as explained during volunteer training).
2. If the volunteer is alone and the client stops breathing, the volunteer will immediately contact the next of kin and explain the situation. If the Power of attorney (POA) then orders the volunteer to call 911, that volunteer will explain that he/she is bound by agency policy to respect the client's last known written DNR order. However, the next of kin may call 911 if they wish.
3. If the volunteer is alone and the client requests that 911 be called immediately prior to their last breath, the volunteer will respect the client's wishes and call 911. The volunteer will then immediately contact the next of kin to explain the situation and what action has been taken.

Unusual Incidence VI - 65



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During a regular volunteer visit, any unusual incident (falls, theft, accident) that directly involves the client, the caregivers and/or the volunteer, **must be immediately reported to the Executive Director** who will provide further instructions.

Procedures:

1. Any unusual incidents must be reported to the program staff member immediately (if after hours please leave a message).
2. The program staff, in collaboration with the volunteer, will complete an incident report. The Executive Director will review the Incident Report, to ensure the safety of those involved in the incident and to determine if further action is required. The incident report will include date & time of the incident, description of the incident and any remedial steps taken (i.e. contacting emergency medical services, police, and family members).

Withdrawal of Services VI - 140

The Volunteer must notify the Executive Director promptly of his/her intention to withdraw service from the case.

Volunteer Termination VI - 200

In the event that a volunteer's actions do not support the vision and mission of the Hospice, the volunteer breaches Hospice policies, or the volunteer is no longer able to perform the duties required by their role, the volunteer will be asked to attend an interview with the Coordinator of Volunteer Services and/or the appropriate program staff.

Potential results of this interview may include mandatory re-training, suspension from volunteer service, resignation or dismissal. Any clients being supported by the volunteer will be informed of these results.

Procedures:

1. An overview of volunteer responsibilities and Hospice policies will be an integral part of the training and orientation of all volunteers.
2. Failure to comply with Hospice policies, or actions that contradict the mission or vision, will be discussed with the volunteer and documented in the volunteer record.
3. In the event of dismissal, a termination interview will be held with the volunteer, Executive Director and appropriate program staff and a summary of the interview will be documented in the volunteer's record.

ADDITIONAL GUIDELINES FOR VOLUNTEERS

ADVICE



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It is okay to listen to and talk with clients about medical, spiritual, **family**, financial, legal and business matters, if the client wishes, but volunteers **must not state their opinions or provide advice**. Discuss any concerns about your client's matters with your Coordinator.

SICKNESS

When you have an infectious condition (i.e. cold or flu) it is best to cancel your visit with the client. Please contact your client and explain why you are unable to visit and notify your coordinator as well.

DRESS CODE GUIDELINES

Please be conscientious of what you wear to the clients' homes. Remember that: Many families request that visitors remove their shoes. Please wear socks so you are not in bare feet. You may wish to bring slippers or indoor shoes

We ask that volunteers moderate the use of colognes and perfumes while volunteering with their clients, in case of any sensitivities or allergies that the clients may have to particular products

SMOKING AND ALCOHOL CONSUMPTION

NO smoking, consumption of alcohol or illegal substances is allowed when you are representing Doane House Hospice.

Do not ask for the client's permission to smoke, as some clients would give you their permission, even though your smoking would make them very uncomfortable.

CLIENT'S HOUSE AND CAR KEYS

Please do not keep the client's keys in your possession.

Volunteers should not be in a client's home unless the client is present.



SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Boundary Issues		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

IMPORTANCE OF BOUNDARIES

- Ground rules are established
- Everyone is treated equally and fairly.
- Avoids confusion, hurt feelings and maintains healthy relationships
- Helps to prevent caregiver burnout

Having healthy boundaries does not mean one lacks empathy. Preventative self-care may result in better care for the patient.

STEPS TOWARDS HEALTHY BOUNDARIES

- Define them
- Talk about the boundaries
- Maintain consistency

KEY BOUNDARY ISSUES PERTAINING TO HOSPICE VOLUNTEERING:

- Confidentiality
- Conflict of Interest
- Medication
- Gifts
- Intimate Involvement
- Medical Emergency
- DNR
- Unusual Incident
- Time (per week)
- Space (your home)
- Telephone, home address
- Specific contact times, arranged appointment
- Personal Care
- Banking
- Wills / Power of Attorney (POA)
- Smoking / Alcohol



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SECTION TWO:	Volunteering With Doane House Hospice		
DOCUMENT/POLICY:	Volunteer Boundary Questions		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

What would you do if...?

1. Your client asks for your phone number?
2. You are on the telephone with your client arranging your next visit, and your client asks you if you wouldn't mind picking up some milk and bread?
3. Your client wants to know if you would mind preparing some food for them.
4. Your client is uncomfortable and in pain and the pain pump is beeping to indicate it needs to be reset?
5. You go out for a coffee and muffin with your client and your client insists on paying?
6. You are staying with your client while the primary caregiver goes out. The caregiver comes back hours after the time they said they would return?
7. Your client asks if you can look after her two children while she takes a rest.
8. Your client's caregiver asks you if you can volunteer from 7pm - 11pm
9. Your client's caregiver, as she is ready to leave the house, reminds you that the client takes his cough syrup at 4 p.m., half way through your visiting time?
10. The primary caregiver gives you a list of chores to do each time you arrive to visit the client not allowing for quiet visiting time with your client?
11. You arrive to visit the client as scheduled and the primary caregiver asks you not to come in today?
12. After visiting with the client you are about to leave the house and the primary caregiver asks you to divulge what was discussed with the client?
13. During your visit, your client asks you if you could read to her passages from the bible.
14. Your client dies while you are visiting?



15. Your spouse asks you to invite your client to your home for Christmas dinner?
16. Your client asks you to take his/her bank card and get some money for them?
17. The client asks you to sit outside and share a glass of wine with him/her?
18. Your client asks you to take a duplicate key with you so that you can come and go without needing the client/caregiver to unlock the door?
19. While you're visiting the client (whom you know wants to die at home and has a DNR in place) the caregiver decides to call 911 and have the client taken to hospital?



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SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Client Intake Process		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

Referral

The client is referred to us from any number of different sources including:
Physician, Community Organizations, Family Member, Friend, Other



Assessment

As assessment is completed by the Staff member, Information gathered at the assessment is input to the hospice database.
Staff member determines which services are needed.
Staff member reviews client file and finds an appropriate volunteer.



Volunteer Contact

A volunteer is then matched to a palliative client or bereavement group and the journey begins.



SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Position Description – In-home Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

REPORTS TO

- Staff Member

OBJECTIVES

- To provide support to a client who has a life-threatening illness and to the family members.
- To assist the health care team to provide optimum quality of life to the client who is dying and to the family, and to support other visiting volunteers and staff.

POSITION REQUIREMENTS

- Vulnerable Persons Police Check
- Two references
- Completion of 30 hour Palliative Care Training session
- Attendance at Post-training Orientation session
- Willingness to attend Monthly Volunteer Support /continuing Education meetings (usually held on the first Thursday of the month).
- Recording on the ***Volunteer Monthly Time Record***, provided by Doane House Hospice, a record of visits (date, time, travel) as well as other volunteer time (i.e. meetings, fund raising activities).
- Participation in an annual Volunteer Self-evaluation process.
- Maintaining confidentiality at all times
- **Doane House Hospice asks that visiting volunteers be prepared to make a commitment of one year following training.**



POSITION RESPONSIBILITIES

- Providing companionship and support to the client and their family.
- Providing practical assistance such as writing letters, reading to a client, preparing light meals, or carrying out light household tasks.
- Assisting client by providing simple comfort measures (i.e. repositioning, feeding, washing of hands and face or toileting within the level of the volunteer's comfort and confidence).
- Giving reminders of the medication schedule. **Volunteers are NOT permitted to dispense or administer medications.**
- Doing errands for client/family and in some cases providing transportation to appointments.
- Supporting your client by telephone when needed. **This counts as a visit.**
- Familiarizing yourself with the "in-home file" and "emergency plan" located in the client's home.
- **Informing the Executive Director of any changes in your client's medical condition or family situation.**
- Informing the Executive Director if you feel you are not the right person to work with a particular client or family.
- Reporting to the ED if you cannot make the designated visit in enough time to allow a replacement, if possible.

QUALITIES OF IN-HOME VISITING VOLUNTEERS

- Strong sense of responsibility and accountability for actions.
- Compassion and sensitivity to persons and families facing a life-threatening illness.
- Must be: a good listener, flexible, friendly, open, work easily with others.
- Must be: non-judgmental, respectful of others belief systems, circumstances, values and family dynamics.
- Must have an awareness of other people's needs and ability to meet those needs.
- Self-confidence, able to function independently and to problem-solve with other team members when necessary.
- Have the ability to function within their volunteer role and not in any professional capacity that they may also possess i.e. Social work/Nursing etc.



SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	In-home Support Program Outline		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

ABOUT THE IN-HOME SUPPORT PROGRAM

Doane House Hospice provides emotional, spiritual, respite, and bereavement support for individuals and their families living with a progressive, life-threatening illness.

The volunteer's role is to provide support to the client, caregiver(s) and family, by providing companionship, emotional comfort, compassionate listening, respite care (short-term relief for caregivers), and practical assistance.

ABOUT THE VISITS

Visits take place in the client's home or, if you are able, out in the community. If you feel able, the volunteer may accompany you outside for a walk or for an outing.

Visits cannot take place in the home of the volunteer.

Volunteers can also provide respite care for caregivers, allowing them to leave the home yet still have someone present with their loved one. If, during a visit, you are tired and need to rest, the volunteer will be happy to sit quietly in another room until your caregiver returns.

VISITING SCHEDULE

We encourage you to arrange a mutually agreeable visiting schedule with your volunteer. Volunteers are asked to make a commitment of 2 to 3 hours per week, but this time may vary, depending on the volunteer's schedule. You may wish to arrange a visit for the same day and time every week, or you may wish to have a more flexible schedule.

Please note: Volunteers are not "on call" and cannot be expected to visit on short notice.



VOLUNTEER PLEASE DO AND PLEASE DON'TS

- Volunteers may offer to prepare tea or a light snack for you, but their role is not to do such activities as cooking, cleaning, laundry or outdoor maintenance.
- It is not the role of the volunteer to provide you with personal care. They are not able to assist you with baths or showers, nor help you with personal grooming such as trimming finger or toenails.
- Volunteers are not health care staff. They cannot give you medical treatment or medical advice. Volunteers are not permitted to administer any medications, including over-the-counter medications such as cough syrup or Tylenol.
- Volunteers donate their time freely—they are not paid staff. They cannot accept gifts or money from you. If you feel you would like to express your appreciation to your volunteer for the service you've received, you might consider making a donation to the Doane House Hospice.
- Volunteers are interested and compassionate listeners, but they are not professional counselors. They are willing to listen to anything you may wish to share with them, but their role is not to give advice. If you would like assistance from a professional counselor, please contact the Director of Client Services and she may be able to assist you in finding counseling services.
- Volunteers are not permitted to be designated as a beneficiary in your will or to witness wills. Volunteers cannot be designated as your Substitute Decision Maker or Power of Attorney. They cannot handle money or take on any banking or financial responsibilities.
- Volunteers are instructed not to give out their personal contact information. If you need to make a change to your visit schedule, or would like to get in touch with your volunteer, please call the Director of Client Services at 905-967-0259, and we will pass on a message to your volunteer.

CLIENT RESPONSIBILITIES

In order that we may provide you with the best possible care and service, we ask that all clients, or substitute decision-makers, communicate any changes in health, care needs, or any other significant information, to Doane House Hospice. If there is anything you would like to discuss, either concerning your volunteer or our services, please contact us immediately. You may contact the Director of Client Services



SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Position Description – Oasis Day Program Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

REPORTS TO

- Executive Director

OBJECTIVES

- To create a safe, relaxing and peaceful atmosphere for the client’s.
- Provide emotional support such as offering unconditional support to the patient to lessen feelings of loneliness, isolation and depression.
- Provide reassurance that many of the patient’s stresses and reactions are normal.
- Discussing feelings and thoughts that the patient may not feel comfortable sharing with family and friends.
- Giving the patient and family members a sense of control over their lives during this difficult time.

POSITION REQUIREMENTS

- Vulnerable Persons Police Check
- Two references
- Completion of 30 hour Palliative Care Training session
- Attendance at Post-training Orientation session
- Willingness to attend Monthly Volunteer Support /continuing Education
- Meetings (usually held on the first Thursday of the month).
- Recording on the ***Volunteer Monthly Time Record***, provided by Doane House Hospice, a record of visits (date, time, travel) as well as other volunteer time (i.e. meetings, fund raising activities).



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- Participation in an annual Volunteer Self-evaluation process.
- Maintaining confidentiality at all times.
- Doane House Hospice asks that Oasis day program volunteers be prepared to make a commitment of one year following training.

POSITION RESPONSIBILITIES

- Participate in weekly/debriefing with the director of client services to be current as to client's status.
- Participate in ongoing education and updating via briefing and debriefing.
- Participate in in-house in-services.
- Assist the coordinator in the running of the Oasis program ensuring the emotional and physical well being of the client is met.
- Socializing and integrating with the client's in a positive, safe and enjoyable atmosphere.
- Maintain confidentiality at all times.
- Any concerns regarding clients should be directed to client services.
- Volunteers are requested not to give out personal information, such as their phone number.
- Record any hours over and above Oasis attendance.
- Participate in the educational / support services are encouraged.

PHYSICAL ASSISTANCE

- Simple lifting or accompaniment to and from.
- Assist Director of Client Services when requested with transfers and toileting.
- To ensure the client's well being, volunteers are requested to use standard hygienic practice at all times.
- Upon arrival hand washing/ hand sanitizing is requested.
- Oasis volunteers require "**Food Handling Certificate**" and use proper food handling techniques.



QUALITIES OF OASIS VOLUNTEERS

- The ability to be flexible and open to new ideas and change.
- To be inclusive, non-judgmental, open-minded and anti-oppressive.
- To be compassionate and empathetic.
- Have a good sense of humor and an uplifting attitude.
- The ability to work independently and as a team player.



SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Example of In-home Client Folder		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

The in-home client folder is given to the family when the assessment is conducted. The folder includes a brochure on Doane House, information on our programs and services a calendar which shows the schedule of our programs and services, upcoming events and forms to be signed by the client. If the client is unable to sign the forms, the caregiver or power of attorney may sign on behalf of the client.

Emergency Plan Form:

This form is important because it states what should be done if an emergency occurs. The form states whether or not a **Do Not Resuscitate** order is in place, the emergency contacts and phone numbers.

Doane House Hospice Consent for Services:

This form states that the supportive services provided are non-medical and no medical assessments or interventions will be made. It states that volunteers cannot administer medication and confidentiality must be up-held at all time.

Consent For Release of Information:

This form states that the client’s personal health information may be shared with the Doane House Hospice staff, volunteers and students as necessary to provide services. The form gives Doane House permission to share information to other agencies and individuals involved in the care team such as the Community Care Access Centre, Community Service Agencies, doctors, family members and other individuals, which may be involved.

Client Intake Form:

The client in-take form is used to collect all of the information during the assessment. The client’s name, address, phone number, caregiver information, languages spoken, living arrangement, hobbies, physical status, allergies, nutritional information and information regarding preferences for an in-home volunteer are all documented on this form.

Doane House Hospice Client Program Plan and Ongoing Follow-up Report:

This form is used when the director of client services re-visits the home to follow-up with the client and the client’s family. A schedule is recorded to show what programs and services are being used. Ongoing program plan notes are developed in terms of changes in health, care needs or other significant information. If necessary, changes are made to ensure the best quality of care.



SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Guidelines for Visiting Volunteers		
ISSUED BY:	Board of Directors	APPROVED BY:	ED
DATE:	May 2008/Jan 2016		

DO:

- Allow the client to set the pace and focus during your visits.
- Never do anything outside your comfort level – “I’m sorry, I don’t think that DHH allows volunteers to do that”... I’ll have to check with the hospice and let you know next time I visit”.
- Don’t be afraid to respond to the feelings being expressed (and be aware of feelings that may not be expressed).
- Try to sit at the same level as your client i.e. sit beside the bed or chair
- Try to make eye contact especially when he/she is talking to you.
- Give non-verbal acknowledgement of what your client is saying i.e. nod or say “hum” occasionally in understanding.
- Allow for silences.
- If a client asks you a question about a controversial issue that may not be comfortable discussing (i.e. religion) simply turn the discussion back to them in a reflective way: “I’d have to think about that – tell me what you think about...”
- State your feelings from time to time, but be mindful that you remain non-judgmental and are not giving advice.
- Set limits for yourself and inform your client of them (i.e. “I only have a short time to be with you today.”).
- Be yourself...be spontaneous.
- Allow your sense of humor to blossom, as appropriate.

DO NOT ...

- Do not ask too many questions.
- Do not try to solve the client’s problems.
- Do not offer to do physical tasks in place of simply visiting (or listening).
- Do not stand beside the bed or chair.
- Do not initiate talk about spiritual matters.
- Do not say, “I understand”.
- Do not diagnose or categorize.
- Do not say, “Everyone feels that way.” (this is a generalization).



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SECTION THREE:	The Visiting Volunteer		
DOCUMENT/POLICY:	Visiting Volunteer Case Questions		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

1.) You are attending your weekly three hour visit with your client. As you both are speaking, the client asks you what religion you are. You then tell the client that you are Buddhist and the client proceeds by telling you that she is Catholic. The client then begins to talk to you about the importance of being Catholic and questions your faith. How do you react?

2.) You have just finished your visit with your client. The caregiver then pulls you aside and tells you how she is very stressed out and needs some more time to herself. She asks you if you can stay for a few more hours while she goes for coffee with a few friends. How do you react?

3.) You have been volunteering with this client for about five months now. You have become close to the client and the caregiver. You see the emotional and physical strain the situation is having on the family. The caregiver and client are constantly arguing and putting you in a position where you feel as if you have to take sides. How do you deal with this?

4.) The client that you have been visiting for the past few weeks has a son. The times you have been there the son and you have spoken and the son has confided in you how he is feeling about the situation. As time progresses, you become closer to the son/daughter and he then tells you that he/she no longer wants to live and wants to take his life. The son then tells you this is confidential and you have to promise not to tell anyone. He/ mentioned that you are the only person he/she can trust. How do you handle this situation?

5.) You are visiting your client and the caregiver tells you that since you are a nurse and you are specialized can you please do her a favor and bath the client and then administer his medication at a certain time during your visit. The caregiver tells you that the Personal Support Worker (PSW) cannot make it today and she cannot do it because she has a few errands to run. What would you do?



SECTION FOUR:	The Support Service Volunteer		
DOCUMENT/POLICY:	Position Description – Children / Teen Support Group Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

TITLE

- Children Support Group Volunteer
- Teen Support Group Volunteer

OBJECTIVE

To provide support to children and teens who have a family member or friend that is living with a life threatening illness and or to provide support to client’s who have a family member or friend who has died.

POSITION REQUIREMENTS

- Vulnerable Persons Police Check
- Two references
- Completion of 30 hour Palliative Care Training session
- Attendance at Post-training Orientation session
- Completion of a Bereavement Facilitator group training session
- Volunteer for a minimum of six months at Doane House Hospice.
- Experience working with children and teen’s.
- Willingness to attend Monthly Volunteer Support /continuing Education meetings (usually held on the first Thursday of the month) and bereavement volunteer meeting (usually every other month during the day).
- Recording on the **Volunteer Monthly Time Record**, provided by Doane House Hospice, a record of groups (date, time, travel) as well as other volunteer time (i.e. meetings, fund raising activities
- Participation in an annual Volunteer Self-evaluation process.



- Maintaining confidentiality at all times.
- Doane House Hospice asks that volunteers be prepared to make a commitment of one year following training.

POSITION RESPONSIBILITIES

- Commitment to schedule as discussed with Staff Member
- In the case of emergency and the volunteer cannot attend the group, it is their responsibility to find a replacement volunteer
- Arrive thirty minutes before the group is scheduled to begin
- Arrange refreshments and furniture for the group
- Be open minded in regards to individual's beliefs, values, religions, cultures, race, perspectives and way of life
- Speak with the co-facilitator before the group begins in regards to possible topics that may arise
- Be prepared to deal with unexpected issues that may arise during the group session and inform the Staff member if anything does occur.
- Writing down the minutes of the group, including the time line and who had attended the group.
- Document each session in folder provided by the Staff member.
- Debrief with co-facilitator about the group session.
- Maintain a professional and positive demeanor while facilitating a group
- Participation in an annual Volunteer Self-evaluation process.
- Maintaining confidentiality at all times.
- Doane House Hospice asks that volunteers be prepared to make a commitment of one year following training.
- Informing the Staff member if you feel you are not the right person to work with this program.
- Let the Staff member know about any situations or life changes that may make it difficult for you to facilitate a group.



DOANE HOUSE HOSPICE

- Reporting to the Staff member if you cannot make the designated group in enough time to allow a replacement, if possible.
- **End the group sessions on time.**

QUALITIES OF CHILDREN/TEEN SUPPORT GROUP VOLUNTEERS

- Strong sense of responsibility and accountability for actions.
- Compassion and sensitivity to persons and families facing a life-threatening illness.
- Must be: a good listener, flexible, friendly, open, work easily with others.
- Must be: non-judgmental, respectful of others belief systems, circumstances, values, and family dynamics.
- Must have an awareness of other people's needs and ability to meet those needs.
- Self-confidence, able to function independently and to problem-solve with other team members when necessary.
- Have the ability to function within their volunteer role and not in any professional capacity that they may also possess i.e. Social work/Nursing etc.



SECTION FOUR:	The Support Service Volunteer		
DOCUMENT/POLICY:	Position Description – Caregiver/Bereavement Support Group Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

TITLE

- Caregiver Support Group Volunteer
- Bereavement Support Group Volunteer

REPORTS TO

- Staff Member

OBJECTIVES

To provide support to clients who have a family member or friend with a life-threatening illness and/or to provide support to clients who have a family member or friend who has died.

POSITION REQUIREMENTS

- Vulnerable Persons Police Check
- Two references
- Completion of 30 hour Palliative Care Training session
- Attendance at Post-training Orientation session
- Completion of a Bereavement Facilitator group training session
- Three months of shadowing the support services coordinator
Willingness to attend Monthly Volunteer Support /continuing Education meetings (usually held on the first Monday of the month) and bereavement volunteer meeting (usually every other month during the day).



- Recording on the ***Volunteer Monthly Time Record***, provided by Doane House Hospice, a record of groups (date, time, travel) as well as other volunteer time (i.e. meetings, fund raising activities).
- Participation in an annual Volunteer Self-evaluation process.
- Maintaining confidentiality at all times.
- Doane House Hospice asks that volunteers be prepared to make a commitment of one year following training.

POSITION RESPONSIBILITIES

- Commitment to schedule as discussed with Staff member
- In the case of emergency and the volunteer cannot attend the group, it is their responsibility to find a replacement volunteer
- Arrive thirty minutes before the group is scheduled to begin
- Arrange refreshments and furniture for the group.
- Be open minded in regards to individual's beliefs, values, religions, cultures, race, perspectives and way of life.
- Speak with the co-facilitator before the group begins in regards to possible topics that may arise.
- Be prepared to deal with unexpected issues that may arise during the group session and inform the Staff member if anything does occur.
- Writing down the minutes of the group, including the time line and who had attended the group.
- Document each session in folder provided by the Staff member.
- Maintain a professional and positive demeanor while facilitating a group.
- Informing the Executive Director if you feel you are not the right person to work with this program.
- Let the ED know about any situations or life changes that may make it difficult for you to facilitate a group.



- Reporting to the ED if you cannot make the designated group in enough time to allow a replacement, if possible.
- Ask for assistance if help is needed or if in doubt.
- **End the group sessions on time.**

QUALITIES OF CAREGIVER / BEREAVEMENT SUPPORT GROUP VOLUNTEERS

- Strong sense of responsibility and accountability for actions.
- Compassion and sensitivity to persons and families facing a life-threatening illness.
- Must be: a good listener, flexible, friendly, open, work easily with others.
- Must be: non-judgmental, respectful of others belief systems, circumstances, values, and family dynamics.
- Self-confidence, able to function independently and to problem-solve with other team members when necessary.
- Have the ability to function within their volunteer role and not in any professional capacity that they may also possess i.e. Social work/Nursing etc.

GUIDELINES FOR 1:1 CLIENTS

- Once client is assessed, they will be matched with the appropriate volunteer.
- The initial action will be six 1:1 sessions.
- Volunteer responsibilities are as previously documented.
- Responsible for writing up the individual client notes after each session.
- Submit notes to Administrative Coordinator.
- Re-evaluation of client status with staff.
- Option to move into a group setting if more support required or refer out to appropriate practitioner if a more complex case.
- Once appropriate support has been given client will be discharged.



SECTION FOUR:	The Support Service Volunteer		
DOCUMENT/POLICY:	Guidelines for Support Group Volunteers		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

- Recognize that your role as a volunteer is to listen to the stories of the client's and not tell your own.
- Maintain proper self-care, including stress management.
- Keep personal information to yourself.
- Maintain a respectful and professional attitude with your co-facilitator, support service coordinator and the hospice.
- Respect everyone's time as well as your own.
- Begin and end groups as scheduled.
- Maintain boundaries which are outlined in the hospice's policies and procedures.
- Attend meetings on a regular basis.
- Recognize that your role is not to solve a client's problem but to work as a resource to empower your client.
- Maintain eye contact and proper body language when engaging with a client.
- Be as compassionate and empathetic as possible and maintain focus while facilitating a group.



SECTION FOUR:	The Support Service Volunteer		
DOCUMENT/POLICY:	Support Group Volunteer Case Questions		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

- 1) You are conducting a group which is scheduled to end at 5:30pm. You look at your watch and realize that it is 5:25pm and the group has to wrap up in five minutes. One of the client's begins to talk about the situation they are in and what the issues that they are facing. You know that you have to end the group on time however, you feel bad to tell the client that the time is up. You decide to allow the client to finish speaking and realize that it is now 6:00pm. What do you do?
- 2) As you are conducting a group, a client goes off topic and begins talking about Abortion and how it is wrong and anyone who has had an abortion has committed a sin. Another client in the group becomes very upset due to the fact that she had an abortion ten years ago. This topic causes a huge debate and a few clients become very emotional. What do you do?
- 3) You are conducting a group and your co-facilitator begins talking about the loss of his daughter and how hard it was for him to deal with. He then proceeds by talking about the issues that he faced and his overall experience. You realize that he has now been talking for at least ten minutes and none of the client's have spoken as yet. What do you do?
- 4) You have become very close with one of the client's in a support group that you run. After the group has finished, the client begins to tell you how she really appreciates your help and was wondering if you would be able to meet with her one on one as she feels more comfortable without everyone around. The client then suggests you going over to her house and then asks you for your phone number just in case she ever wants to talk. What do you do?
- 5) You have been running a support group for a few weeks now and realize that you are becoming very burnt out and find yourself feeling very stressed after leaving a group session. You love being part of the support group and do not understand why you are feeling this way. You decide to continue doing the support group, however soon realize that you are feeling more and more stressed. What do you do?



SECTION FIVE :	Administrative, Fundraising and Public Awareness Volunteer		
DOCUMENT/POLICY:	Position Description – Administrative Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

REPORTS TO

- Administrative Coordinator

SUMMARY OF FUNCTION

- To provide administrative support to the Doane House Hospice office team, manage telephone system, mail and correspondence, assists with database entry, maintain file system, photocopying and duties as assigned.

TIME FRAME

- Volunteers are required to volunteer for a minimum of 3-4 hours per week for a minimum of a one-year commitment.

TRAINING

- The volunteer is required to attend in office training that will be facilitated by staff members. The training will cover a variety of subjects including database orientation, filing, proper telephone technique and office technology.
- Volunteers are encouraged to attend support and ongoing educational meetings. These meetings are a great way to meet fellow volunteers and develop a support network.

LOCATION

- All administrative volunteer tasks will take place in the Doane House Hospice office.



REPORTING

- Each volunteer is required to complete and submit a monthly report to the Admin. Coordinator, **by the 3rd. day of the following month.**

ORGANIZATIONAL EXPECTATION

- Volunteers are expected to act in accordance with the image which Doane House Hospice wishes to project to the community.

DETAILED TASKS

Including but not limited to:

- Manages all incoming telephone inquiries
- Updates and maintains mailing lists
- Prepares all newsletter and direct mail documents for mailing including stuffing envelopes and affixing labels
- Updates database and performs any necessary entries
- Maintains and organizes flat file system
- Organizes and manages office supply closet
- Photocopies necessary documents
- Comprises client / volunteer packages for Staff members
- Performs assigned telephone calls to sponsors and associates

***** All volunteer activities must be performed within the framework of Doane House Hospice policies and procedures and confidentiality agreement.**



SECTION FIVE:	Administrative, Fundraising and Public Awareness Volunteer		
DOCUMENT/POLICY:	Position Description – Fundraising Committee Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

REPORTS

- Executive Director

SUMMARY OF FUNCTION

- To work closely with the Executive Director and the other members of the fundraising committee for fund development. Responsible for the planning of annual events, such as the, golf tournament, hike for hospice etc.
- \$250,00 of the annual budget is raised through fundraising.

TIME FRAME

- Volunteers are required to volunteer for a minimum of 3-4 hours every week for a minimum of a one-year commitment.

ORGANIZATIONAL EXPECTATION

- Volunteers are expected to act in accordance with the image which Doane House Hospice wishes to project to the community.

DETAILED TASKS

- Attending the required meetings and bringing innovative and original ideas
- Finding sponsors for the event
- Getting donations for a raffle or silent auction
- Planning the agenda of the event
- Setting up and taking down
- Working as a team player with Doane House Staff and volunteers

***** All volunteer activities must be performed within the framework of Doane House Hospice policies and procedures and confidentiality agreement**



SECTION FIVE:	Administrative, Fundraising and Public Awareness Volunteer		
DOCUMENT/POLICY:	Position Description – Public Awareness Volunteer		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

REPORTS

- Executive Director

SUMMARY OF FUNCTION

- To work closely with the Executive Director and the other members of the public awareness committee for community development and awareness. Responsible for attending community events, setting up and taking down the required materials, organizing the schedule of the event and other duties which may arise.

TIME FRAME

- Volunteers are required to volunteer for a minimum of 3-4 hours every week for a minimum of a one-year commitment, which may increase based on need.

ORGANIZATIONAL EXPECTATION

- Volunteers are expected to act in accordance with the image which Doane House Hospice wishes to project to the community.

DETAILED TASKS

- Attending the monthly meetings and bringing innovative and original ideas
- Active throughout the community
- Present at community awareness events
- Planning the agenda and schedule of the event
- Setting up and taking down
- Working as a team player with Doane House Staff and volunteers

***** All volunteer activities must be performed within the framework of Doane House Hospice policies and procedures and confidentiality agreement**



DOANE HOUSE HOSPICE

SECTION FIVE:	Administrative, Fundraising and Public Awareness Volunteer		
DOCUMENT/POLICY:	Doane House Hospice Annual Events		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008	Revised Jan 2016	



Volunt
Doane House Hospice, January, 2016



SECTION SIX:	Board of Directors		
DOCUMENT/POLICY:	Policy and Procedure	II-20	
ISSUED BY:	Board of Directors	APPROVED BY	ED & VC
DATE:	May 2008/Jan 2016		

Doane House Hospice is governed by a 10 person volunteer board.

OBJECTIVES:

The Board of Directors is charged with the fulfillment of the Doane House Hospice mission through policy, approval and organizational guidance.

FUNCTIONS:

- The Board of Directors is charged with the approval of organizational policy.
- The Board of Directors may exercise all the rights and powers of Doane House Hospice with the exception of those which are, by the by-laws, required to be exercised by the general membership.
- The Board of Directors is charged with the appointment of appropriate individuals to fill board vacancies between Annual General Meetings.
- The Board of Directors is charged with annual budget approval and monitoring.
- The Board shall oversee administrative issues and staff performance, evaluations pertaining to the position of Executive Director.



SECTION SEVEN:	Training		
DOCUMENT/POLICY:	Continued Education		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/ Jan 2016		

CORE CONCEPTS ONE:

Prior to any client interaction, it is mandatory for all client volunteers to participate in 30 hours of Hospice Palliative Care Training.

CORE CONCEPTS TWO:

Is the continuation of the Core Concepts One. It is not a requirement for the volunteers to complete this training, but is recommended after the volunteer has completed a year's service. Core Concepts Two looks at similar subjects as Core Concepts One, but in more depth.

BEREAVEMENT:

This training takes place twice a year and can only be taken once Core Concept One has been completed. The training takes place a total of eight hours. This has been developed through the York Region Hospice Group to enable volunteers to work with Caregiver and Bereavement Groups.

MONTHLY SUPPORT MEETINGS:

These are for volunteers to receive on-going education and support in the valuable work they do. Volunteers must attend at least 3 meetings a year.

Volunteers attend and are able to share experiences, stories, struggles and laughter. At the meeting, there is also an educational component where volunteers are updated on policies and procedures and other changes within the agency in regards to the care that we provide. This keeps the volunteers up-to-date with programs, services and our clients, but also the opportunity to be part of the bigger picture.

Don't forget to report these hours.



SECTION EIGHT:	Continuing Education		
DOCUMENT/POLICY:	The Importance of Active Listening Skills		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

The words “LISTEN” and “SILENT” have the same letters in them. This is a very valid point in showing the importance of being silent while listening. Sometimes as humans, we believe that in order to make the situation better we need to talk as a way of allowing the other person to feel a sense of reassurance and to show that we care. However, this is not always the case. Being silent can be much more valuable than speaking and your presence alone can make the world of difference. In order for you to be an active listener there are a few very important key aspects to keep in mind.

THE PHYSICAL

- **Posture:** It is very important to maintain proper posture when listening to a client. Facing the person and sitting straight shows that you are interested and being attentive.
- **Eye Contact:** maintaining eye contact is very important. This shows that you are engaged and focused. Looking all over and avoiding eye contact with the client shows a lack of confidence and distraction.
- **Responding:** When listening to a client speak it is very important to show that you are listening and understand what they are saying. Responding can be done by nodding your head or by saying things such as “un-huh”.

ELIMINATING DISTRACTIONS

- **Looking at your watch:** Avoid looking at the time. This shows that you are not interested in what the client is saying and are anxious to leave. This may cause the client to feel as if you are bored and not interested.
- **Personal Thoughts:** Try and avoid thinking about yourself and others while listening. This is a distraction and in many cases is very visible.



Avoid thinking about what you have to do once you leave and other issues that may be bothering you. Focus on the conversation so that you are of value to the person speaking.

- **Similar Situations:** If you find that you have been through a similar situation that the client is speaking about avoid telling them. This takes the focus off of them and puts it on you.

SHOW THAT YOU UNDERSTAND

- **Clarifying:** If you do not understand what the client is saying, wait until they are finished what they are saying and ask them to explain what they meant. This will allow you to better understand and will show the client that you are listening.
- **Summarizing:** At the end of the conversation, pull everything that the client has said together and go over the conversation. This will allow you to understand and allow the client to let you know if you missed anything or if they want to add or change anything. Summarizing shows that you were attentive throughout the conversation and cared about what the client was saying.



SECTION EIGHT:	Continuing Education		
DOCUMENT/POLICY:	Communicating A Willingness To Be Involved		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

1. Talking too much (controlling)

- reassuring and explaining (i.e. “don’t worry”) negates the feelings being expressed

2. Indifference

- looking at your watch, looking away, interrupting and finishing sentences

3. Misunderstanding needs or what is being said (or asked)

- clarify to be sure you understand

4. Attempting to “rescue”

- giving advice and suggestions that are yours and not the other person’s and therefore
- listening from a “yes, but...” perspective
- each time you “rescue” you imply that they are a “victim”

5. Manipulating

- not respecting the others choices and decisions

6. Assumptions

- because I would want...they would want

7. If we need to be needed, it gets in the way

- the client ends up feeling they are doing us a favor
- expressed when we are over-bearing, or over-zealous
- anxious to do everything

8. Tone of Voice

- -a high pitch indicates insecurity, not confidence
- -a lower and even pitch indicates comfort and confidence
- -“talking down” makes the other person feel put down and defensive



9. Eye Contact

- looking away shows insecurity, that the person is not being taken seriously and they
- may feel put down
- looking at shows honesty, sure of what you are saying and that the other person is taken seriously

10. Choose Appropriate Words

- avoid judgmental word (bad, good, wrong, right, should) when speaking of another's
- performance or attitudes
- be specific and direct...show a friendly but assertive manner

Respect is the foundation for all care giving, and is necessary to keep communication open. Respect cannot be demanded, but must be earned.



SECTION NINE:	Conclusion		
DOCUMENT/POLICY:	The Volunteer Bill of Rights		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

- The right to be treated as a co-worker, not just free help.
- The right to a suitable assignment with consideration for personal preference, temperament, life experiences and education.
- The right to know as much as possible about the agency or service: its policies, its people and its programs.
- The right to training for the job – training that is thoughtfully planned and effectively presented.
- The right to continuing education on the job including a follow-up to initial training and information about new developments and training for greater responsibility.
- The right to sound guidance and direction by someone who is experienced, patient, well informed and thoughtful and who has the time to invest in giving guidance.
- The right to a place to work – an orderly, designated place, conducive to work and worthy of the job to be done.
- The right to promotion and a variety of experiences through: advancement of assignments of more responsibility, transfer from one activity to another and/or special assignment.
- The right to be heard – to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.
- The right of recognition in the form of promotion and awards, through day-by-day expressions of appreciation and, most importantly, by being treated as a bona fide worker.





SECTION NINE:	Conclusion		
DOCUMENT/POLICY:	Hope and Serenity Poem		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/ Jan 2016		

Hope System for Caregivers



Hope to be heard, to say the right thing.
 Hope to be able to listen.
 Hope to not hurt.
 Hope to be able to help.
 Hope to be present to those who need us.
 Hope to always be able to respond.
 Hope to be able to say “no” and mean it without feeling so guilty.
 Hope to be able to survive the stresses.
 Hope to be able to say “enough” when the time comes.
 Hope to be able to leave with the thought of a job well done.
 Hope someday to learn my limits.
 Hope to learn to give fully and then to let go.
 Hope to learn from the dying what life really means
 and live it to the fullest.
 Hope to be remembered as someone who cared.
 Hope (when all is said and done) to have made a difference.

...Cathleen A Fanslow, RN, M.A.



God, grant me the Serenity
 to accept the things I cannot change
 Courage to change the things I can
 And the Wisdom to know the difference





SECTION NINE:	Conclusion		
DOCUMENT/POLICY:	Please Don't say 'Just'		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		

The fact is you're here,
 Whatever the gift,
 I will hold it dear.

Do not say –
 I'll just change your water,
 Or just sit here awhile.
 I value your presence,
 I welcome your smile.

Do not say –
 I'll just drive you
 Each week, as you need.
 The company we share
 Is as great as the deed.

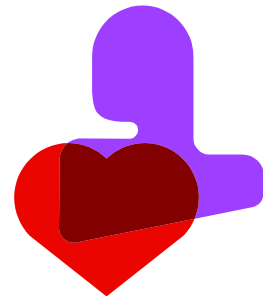
Do not say –
 I'll just fix your hair
 And help you to dress.
 The neatness you bring me
 Is like a caress.

Do not say –
 I'll just dust a bit.
 You handle my trinkets
 As if they're your own,
 The articles shown.

Take "just" from your thoughts,
 Speak it seldom, if ever.
 Are too busy, or never.

I wait for your visit,
 I glow at your praise,
 We share tears and laughter
 But value these days.

You ease my way through this,
 My time nears an end.
 So never say, just a volunteer,
 Please, ever say, friend.



Carole Smart-Babuik –*June 2001 Year of the Volunteer*



SECTION NINE:	Conclusion		
DOCUMENT/POLICY:	Please Don't...		
ISSUED BY:	Board of Directors	APPROVED BY	ED
DATE:	May 2008/Jan 2016		



*Please don't be afraid of my having cancer;
And please don't ask questions that I can't answer.*

*Please don't talk all day about drugs;
And please don't stop giving me hugs.*

*Please don't tell me how I should cope;
And please don't let me give up hope.*

*Please don't be afraid that I might die;
And please lend me your shoulder when I need to cry.*

*Please don't feel bad when we disagree;
And please don't keep your love from me.*

*Please don't get upset when I am feeling sad;
And please be understanding when my day is bad.*

*Please don't stop calling on the phone;
And please don't leave me all alone.*

*Please don't worry about me all day;
And please stay with me all the way.*

*Please don't be frightened because I am ill;
And please help me climb this mountain hill by hill.*

*Please don't keep your feelings in;
And please keep telling me that we can win.*

*Please don't say you care unless you care for real;
And please love me for myself, so that I can heal.*



*By
Stephen Schlain*