

***Tidelands Community Hospice
2591 North Fraser Street
Georgetown, SC 29440-3410
Toll Free-1-888-922-3410 FAX-843-527-6964
E-mail info@tidelandshospice.org***

A not-for-profit community hospice serving Georgetown, Williamsburg and Horry Counties since 1985

Mission Statement

The mission of Tidelands Community Hospice, Inc. is to provide interdisciplinary, compassionate, professional and volunteer services for persons with life-limiting illnesses and their families. The program is dedicated to promoting quality of life and serves as a community resource for end of life issues.

Please Print

Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

Social Security Number _____

Driver's License Number _____

*If you are a professional volunteer requiring licensure, please provide a copy of license

Education _____

Are you currently employed _____

If retired/not working what was last employment _____

Church/Faith group affiliation _____

List any church/faith group activities _____

Spouse/Next of Kin _____

Emergency contact information _____

Physician's name and contact information _____

Referred to Tideland Community Hospice volunteer program by: (please circle)

Church Newspaper Volunteer Other _____

Why do you wish to become a Hospice volunteer _____

Have you experienced any recent deaths of loved ones _____

Please list personal strengths that you feel you can contribute to the Hospice program _____

Please list skills/talents that you could contribute to the Hospice program _____

Tideland Community Hospice services patients in Georgetown, Williamsburg and Horry counties. Do you have any geographic limitations when traveling to perform Hospice volunteer work? _____

Volunteer Time

Medicare Hospice certification requirements mandate that Tideland Community Hospice record and maintain a record of all volunteer hours. Volunteer hours must equal or exceed 5% patient care hours provided by paid staff members. The number of volunteer hours must not diminish each year. Funding through the Medicare and Medicaid programs depends on our ability to show proof of volunteer hours. When no direct care documentation of volunteer hours is provided, the assumption has to be made by chart auditors that no volunteer contact was ever made. For direct care volunteers (patient care, bereavement, spiritual care volunteers) contact with the patient/family must be recorded on a "Contact Report Form" and filed in the patient's chart within 7 days of the contact.

The willingness and commitment of time and talents is a must for the direct care volunteers, especially patient care volunteers. The patient and family look forward to volunteer visits and your follow through is essential. Some of our patients live for a year

or more, while others for only a short time. Do you feel you can commit yourself for the duration of your assignment? Please circle Yes No

Comments _____

Office and other supportive volunteer hours are recorded in a Supportive Volunteer journal, which is located in the Hospice office. If no hours are recorded, the assumption has to be made that office and other supportive volunteers contributed no hours.

References

Please list two references (not relatives.) Please include their address and phone number.

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

Background Check

I certify that I have not been convicted, nor pled nullo contendere to any crime involving abuse or neglect of an adult or child or any other crime (other than a minor traffic violation.)

Signature

Date

Our liability insurance and state licensure laws require that all volunteers who have any contact with patients and/or children have on file criminal background check verification. In addition to the above statement, if you are volunteering as a patient volunteer a background check will be conducted.

I give my permission for the aforementioned background check.

Signature

Date

Automobile Insurance

South Carolina state law requires that all licensed drivers have liability insurance. Any employee or volunteer with Tidelands Community Hospice must have this insurance when he/she is using a personal vehicle on Hospice business. Although Hospice carries non-owned automobile insurance policy on all employees and volunteers, we recommend that you carry a minimum of \$100,000/\$300,000 in personal liability coverage.