

Become a Tridia Hospice Volunteer

- . Complete and review application, forms, Interests, etc.
- . Set up an interview with Volunteer Coordinator (the pet need to attend also if applies).
- . Complete Orientation
- . Volunteer must pass pre-volunteering tests (fingerprinting, TB test)

Fingerprinting appointments can be made at McNaughten Pointe nursing home.

McNaughten Pointe- 1425 Yorkland Road, Columbus, OH 43232 (614)751-2525. Ask for Brenda Clagg and let her know you are going to be a volunteer for Tridia Hospice.

TB Testing will be contracted through Mount Carmel Occupational Health. See attached request form for service... Allow the trained health care personnel to inject 0.1 ml of tuberculin purified protein²⁷ derivative (PPD) into the inner surface of your forearm. A pale elevation of the skin at the injection spot appears and indicates a correct intradermal injection. Go back to the health care provider 48 to 72 hours after initial tuberculin injection. Allow the health care personnel to read the test by measuring the test area induration (swelling, redness, raised or hardened area). Depending on your health status, an induration of greater than 5 mm may be considered positive. Give your health care personnel permission to place a second tuberculin injection at the seventh day after the initial TST when your skin test reads negative. This subsequent testing allows for a boosted reaction from a previous infection to read positive. Return to your health care provider within 48 to 72 hours from the second TST and get a test reading. A negative two-step TB test indicates no current or previous TB infection. A positive two-step test indicates infection and additional evaluation to rule out current TB infection is performed.

I know this might seem like a lot to do to be able to volunteer but I can guarantee your heart will thank you for doing it!

Thank you,

Craig Mitchell

Tridia Hospice

2215 Clitygate Drive, Ste. E Columbus, OH 43219

614-473-0044

cmitchell@tridiahospice.com

Request for Service (Please complete and send request form with employee)

Employee Name: _____ Date: _____

Company: Tridia Hospice; 2215 Citygate Drive; Suite E; Columbus, Ohio 43219

Company Contact: Christine Zeek, HR (614) 473-0044 office (614) 306-6669 cell

Confidential Fax: (614)334-3721

Email: czeek@tridiahospice.com

Injury-related Services

- Work-related Injury Treatment *(Check whether light duty is available.)*
 - No light duty available
 - Light duty available
- Post-accident Drug Screen
Note: If drug testing is required, please mark the specifics of the drug test in the contracted services section below.
- Refer employee back to employer for work duty instructions. Employer may be able to accommodate any work restrictions.

Contracted Services

- Substance Abuse Testing *(Check both type and reason for testing.)*
Note: Substance abuse testing is provided on a walk-in basis. A photo ID is required.

<i>Type:</i>	<i>Reason:</i>	
<input type="checkbox"/> Non-DOT _____ panel drug screen	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Post-accident
<input type="checkbox"/> DOT 5-panel drug screen	<input type="checkbox"/> Reasonable suspicion	<input type="checkbox"/> Random
<input type="checkbox"/> Drug screen collection service	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Return to duty
<input type="checkbox"/> Breath alcohol test		
- Physical Exams *(Check the reason for physical exam.)*

<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Bus driver/TB
<input type="checkbox"/> Respiratory clearance exam	<input type="checkbox"/> DOT initial exam
<input type="checkbox"/> Other: _____	<input type="checkbox"/> DOT recertification exam
- Other Tests *(Check all tests that need to be performed.)*

<input type="checkbox"/> Audio testing	<input type="checkbox"/> Hepatitis vaccination
<input checked="" type="checkbox"/> TB test 2 STEP	<input type="checkbox"/> Pulmonary function test
<input type="checkbox"/> Other: _____	

*Contracted services are provided at Mount Carmel Occupational Health Centers.
See reverse side for locations and hours.*



MOUNT CARMEL
Occupational Health

Occupational Health Centers

★ **Mount Carmel East, Building 4**
 5969 East Broad Street, Suite 307
 Columbus, Ohio 43213
 614-234-7090 614-234-7091 fax
 Monday - Friday, 8 a.m. - 4:30 p.m.

Take I-270 to Exit 39, travel east towards Newark. Turn right at the first light (Hart Lane). The Occupational Health Center is located in Medical Office Building 4.

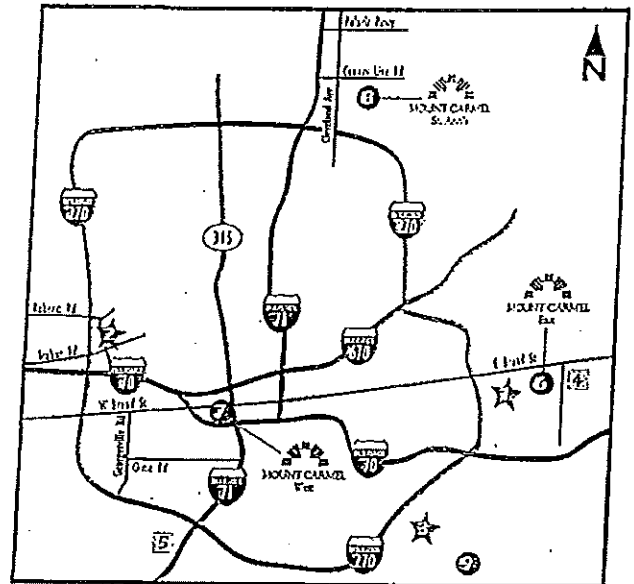
★ **Arlingate Plaza**
 4171 Arlingate Plaza, Suite 18
 Columbus, Ohio 43228
 614-278-3000 614-278-3010 fax
 Monday - Friday, 8 a.m. - 4:30 p.m.

Take I-70 to the Wilson Road exit, travel north. Turn left at Trabue Road and right at Arlingate Lane. Arlingate Plaza is located in the Arlingate Industrial Park on the left.

★ **Sedalia Medical Center**
 5339 Hendron Road
 Groveport, Ohio 43125
 614-567-6174 614-567-6294 fax
 To schedule appointments, call 614-278-3000.
 Monday, Wednesday, 8 a.m. - 4:30 p.m.
 Friday, 8 a.m. - 12 p.m.

Take I-270 to US-33 exit toward Lancaster. Take the OH-317/Hamilton Road exit and travel south. Turn left onto Hendron Road. The Occupational Health Center is located in Sedalia Medical Center; turn left.

For substance abuse testing, please allow adequate time for specimen collection.



Alternate After-Hours Locations

For use on weekdays after 4:30 pm and/or weekends.

Urgent Care Centers

After-hours initial injury care, pre-employment DOT exams, and drug/alcohol testing provided on a walk-in basis.

4 **East Broad Adult Urgent Care**
 6435 East Broad Street
 Columbus, Ohio 43213
 614-355-8150

Monday - Friday, 10 a.m. until 8:00 p.m.
 Saturday - Sunday, 10 a.m. until 5:30 p.m.

Take I-270 to Exit 39; travel east toward Newark. East Broad Adult Urgent Care is located 1.8 miles from the freeway on the right.

5 **Grove City Urgent Care**
 3000 Meadow Pond Court, Suite 200
 Grove City, Ohio 43123
 614-871-7130

Monday - Friday, 10 a.m. until 8:00 p.m.
 Saturday - Sunday, 10 a.m. until 5:30 p.m.

Take I-71 to the OH-665/London-Groveport Road exit and travel east. Turn left onto North Meadow Pond Court.

Emergency Departments

After-hours post-accident substance abuse testing:

- 6 Mount Carmel East Emergency Department
- 7 Mount Carmel West Emergency Department
- 8 Mount Carmel St. Ann's Emergency Department
- 9 Diley Ridge Medical Center

Naturally, in the event of a serious or life-threatening injury, employees should be sent to the nearest Mount Carmel Emergency Department, any time, day or night.

Mount Carmel Occupational Health provides customized, immediate, full-service occupational health solutions that allow employers and their employees to enhance and improve workplace health and safety.



Dear Volunteer,

The purpose of this letter is to briefly introduce myself as Tridia Hospice's Volunteer Coordinator. I have only held this position with the company for a fairly short period of time but would like to share with you what Tridia can provide in the way of our volunteer services.

I have only been in the healthcare industry for a little more than 2 years but I have gained a lifetime of experiences and memories. It has taken me forty two years but I can honestly tell you I have found my calling. Working with the elderly is my passion and I have been given that gift by working for Tridia. Our mission statement is "Celebrate Life", which I have found not difficult to follow because of how wonderful our patients and the other residents have been. I found the quote by Harley King "Service to others in their time of need is a privilege and an honor". This may sound cliché to some but I have personally experience the joy and self-satisfaction by being a part of so many residents' lives. I have truly been blessed with the opportunity to meet and communicate with staff and residents at a number of facilities. I have also found fun and creative ways for people to learn about Tridia Hospice and the services that we provide. Our mission is to "Celebrate Life" and I find that providing activities with all residents (not just hospice patients) help me to fulfill that mission. I try and think outside of the box to keep activities fresh and enjoyable to all involved. My biggest success has been the introduction of Karaoke into the facilities. I play a wide variety of music that I have collected from suggestions by residents at many facilities. We also do auctions and birthday parties with the residents of the facilities.

I think you will find becoming a volunteer with Tridia will be self-rewarding as it has been for me. It is a wonderful thing when you can bring joy to those in need. We would be honored if you would join the Tridia team as a volunteer. Volunteers are having a very important role in the Hospice process. I have a passion and a gift for helping the elderly and I would privilege to share that with others with the same passion. Working for hospice has changed my life for the best which has made me a better person.

Thank You,

Craig Mitchell

Tridia Hospice

(O) 614-473-0044

cmitchell@tridiahospice.com



Tridia Hospice Volunteer Application

Last Name _____ First Name _____ MI _____

Street Address _____

City _____

State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Email _____

Person to be notified in an emergency:

Name _____ Phone () _____

Street Address _____

City _____ State _____

Zip _____

Employer _____

Occupation _____

Can receive calls at work (please check one): Yes _____ No _____

Emergency Only? Yes _____ No _____

Education completed _____

Please list any Professional License, Certification, or Registration that you may have:

Type _____

Number _____

State(s) _____

Expiration Date(s) _____

Education/Special Training (please list any training or experience relevant to hospice work)

Work Experience

Other special services/skills: (art, music, foreign languages, cultural studies, grant-writing or research, public relations, manicurist, hairdresser, masseuse, etc.)

Volunteer History (where, capacity of volunteer duties, length of service)

What do you look for in a volunteer experience?

How did you hear about our Hospice volunteer program?

Why do you want to be a hospice volunteer?

Do you have access to transportation? Yes No
Are you willing to be considered for out-of-town matches? Yes No

Hobbies/Interests

Death and Dying Awareness

Have you ever been with someone at the time of their death? _____ Yes _____ No

If yes, please describe briefly:

Have you ever provided care to anyone who was dying? _____ Yes _____ No

(If yes please explain)

Please list significant losses that have occurred in your life and your age at the time of each.

If selected to be a patient care volunteer, can you commit to volunteering a minimum of two hours per week? _____ Yes _____ No

Can you commit to attend every session of the training? _____ Yes _____ No

Please describe your availability for volunteer service:

_____ Mornings _____ Afternoons _____ Evenings _____ Weekdays

_____ Weekends

Other _____

Areas of Interest

PATIENT/FAMILY CARE

_____ in home _____ in facility _____ companionship _____ respite
_____ transportation _____ alternative therapies _____ other

BEREAVEMENT

_____ caller _____ support group co-facilitator _____ office/corridor

NON-PATIENT CARE

_____ corridor _____ fundraising _____ mailings _____ events _____ marketing _____ data entry

List two personal references (excluding family members).

Name _____

Phone () _____

Street Address _____

City _____ State _____ Zip _____

Name _____

Phone () _____

Street Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? _____ Yes _____ No
(If yes, please explain) Please note that a background check is required.

Thank you for your interest in volunteering for Tridia Hospice! Please read, and sign below.

I certify that the information I provided in this Hospice Volunteer Application is true and complete to the best of my knowledge. I authorize Tridia Hospice to contact my previous employers and other resources to investigate any of the facts set forth in this Application or resume. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action. In consideration of acceptance of my application, I release Tridia Hospice, and my previous employers of any claimed liability arising out of such response and disclosure.

Signed: _____ Date: _____

Please forward this application to:

Tridia Hospice

Attn: Christine Zeek, Volunteer Coordinator

2215 City Gate Dr, Suite E

Columbus, OH 43219

email: azack@tridiahospice.com Phone: 614-473-0044 Fax: 614-473-0055



Tridia Hospice Youth Volunteer Consent Form

Please print the following information clearly.

Youth First Name _____ Middle initial: _____ Last Name _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Mother/Guardian _____ Father/Guardian _____

Additional Emergency Phone numbers (please identify as work, cell, etc.):

Date of birth _____ School _____ Grade _____

Male/Female _____ Special accommodations needed: _____

Youth Agreement

I understand that my participation in this program requires compliance with specific rules and regulations outlined in the Tridia Hospice Youth Volunteer Training Program.

Youth Signature: _____ Date: _____

Parent Agreement

I, the parent/guardian of _____, who is less than 18 years of age, grant permission for my daughter/son to participate in the Tridia Hospice Youth Volunteer Program. Neither Tridia Hospice, nor any one participating as a program staff/volunteer shall be held liable for any injury, loss, theft or damage, either personal or property, of anyone participating in the volunteer program. Participation in the volunteer program requires a criminal background check. I have read, understand, and accept these terms and hereby release Tridia Hospice and its volunteers/employees from any responsibility.

I am aware of the particulars of the program including the times, locations, adult participants, and have clarified any concerns I may have about my child's participation.

Parent Signature: _____ Date: _____

Tridia Hospice Volunteer Activity Note

Patient Name: [Click here to enter patient name.](#) Facility: _____

Date of Visit: [Click here](#) then drop down arrow to select date.

Length of Time: [Click here to enter time.](#) Travel Time: [Click here to enter time.](#)

Nature of Contact:

Patient visit Phone Call Family Visit

Visit to Hospice Office Other: PT visit

Activities:

<input type="checkbox"/> Companionship	<input type="checkbox"/> Pet Therapy	<input type="checkbox"/> Bereavement Support	<input type="checkbox"/> Beautician
<input type="checkbox"/> Errands	<input type="checkbox"/> Caregiver Respite	<input type="checkbox"/> Massage/Art Therapy	<input type="checkbox"/> Meal Prep
<input type="checkbox"/> Reminiscent Project	<input type="checkbox"/> Transportation	<input type="checkbox"/> Housekeeping/laundry	<input type="checkbox"/> Office Sup
<input type="checkbox"/> Vol. Admn	<input type="checkbox"/> Vol/Support Trng	<input type="checkbox"/> Public Appearance	<input type="checkbox"/> Handyman

Professional Services: [Click here to enter professional services.](#)

Observations and descriptions of services:

Volunteer Signature: _____ Date: _____

Witness Signature: [Click here to enter signature.](#) Date: [Click to enter date.](#)

For office use only

Reviewed by: [Click here to enter name.](#) Date: [Click to enter date.](#)

Presented in team? Yes No Date: [Click to enter date.](#)

Noted In IPC? Yes No Date: [Click to enter date.](#)

After each visit, please fax note to 614-334-3721

Volunteers Needed- no experience necessary



Tridia Hospice is a team of professionals – doctors, nurses, social workers, nurse's aides, pastoral counselors and volunteers - delivering care, in a nursing home or the patient's home. Our philosophy is to help our patient's live their lives to the fullest!

Tridia Hospice focuses on caring, not curing. Tridia Hospice treats the whole person – body, mind and spirit – as well as nurturing the family. When someone has a life-limiting illness, everyone needs support!

Volunteers are an important aspect of Hospice Care!

Volunteers are valued members of the Tridia Hospice team. You can make a difference in the lives of our patients and their families while adding meaning to your own life.

• Visitation/Companionship.

Visit patients in skilled nursing facilities, assisted living facilities and inpatient hospice homes. Volunteers donate two hours a week visiting residents. Volunteers can do a variety of activities with patients such as, reading, listening, hand holding, praying, painting their fingernails, doing crafts, singing, brushing their hair, and more!



Craig Mitchell, Volunteer Coordinator, will be conducting interviews at our Tridia Hospice office located near the airport at 2215 Citygate Drive, Suite B; Columbus, Ohio 43219. Call (614)473-0044 today to set up an interview!

TRIDIA HOSPICE VOLUNTEER BIRTHDAY CLUB

This program is intended to celebrate our patients last birthday.

A volunteer will sign up to make cupcakes, if you do this and you aren't going to be able to participate in the delivery celebration then you should have the cupcakes at the office by 10am on that day. I can also make arrangements with you to pick them up.

Ideally there should be balloons and a card delivered with the cupcakes. We will try to get anyone on the team to come and celebrate if possible. It's very rewarding for all involved! If they are diabetic, just ask the facility nurse if it's okay to give the patient a cupcake, most facilities approve a diet holiday on a patient's birthday. Specific diet texture restrictions-just use common sense. We may have to smash, etc. to make it work but luckily cake and icing taste great anyway your able to get it. Something is better than nothing so we do what we can.

Serve the patient first then take the rest to the patients nursing station and I always put a little note on the container I put the cupcakes in that says something like:

"Enjoy a cupcake after you wish (Name) a Happy Birthday! Thank you for all you do, Tridia Hospice"

If someone is admitted after the list is initiated, I will add them. This is strictly a volunteer program. No one should feel obligated to participate.



Do you have a pet that enjoys bringing happiness to others?

Have you ever considered volunteering with hospice?

Tridia Hospice is looking for people to conduct pet visits to our hospice patients. Pets must be up to date on all vaccinations and be well behaved. Training (for the owner) provided.

If Interested call (614) 473-0044

When people touch hands, they share the experience. Even at the end of life we need continued connection to one another. We need to have our pain and symptoms managed; we need the context and meaning provided by home, family, friends, colleagues, pets and hobbies. We need the comfort, reassurance and presence of those we love most.

The hospice program exists to ensure that people diagnosed with a terminal illness have the support and services they need to live at home or in a home-like setting to the end of their lives. We believe in the potential of this time for finishing the work of life, for making new memories, for simply being here and for saying goodbye.

The end of life is also a difficult time, often demanding more energy and vigilance than families can provide on their own. We supplement the care they provide with the help of our trained hospice volunteers. They offer their hands in practical and emotional support of both patient and family.

We hold out our hands to those with loss, grief and sadness. Together we are not alone. We provide grief support, a safe place to come and sit with feelings, dreams, and memories.

You can help by becoming a volunteer with Tridia Hospice. Your willingness to volunteer is a statement of support for the work and philosophy of Hospice, and an endorsement of our belief that ordinary people are capable of helping one another in extraordinary ways.



For more information on how to volunteer call (614) 473-0044.

2215 Cltygate Dr Columbus, OH 43219

60 Things to Do While Visiting a Patient

Thomas Folt, A.Ph., FASCP
Director of Professional Services
Anderson Medical Services

1. Talk about what you both have been up to since your last visit.
2. Bring photos of family and friends from days gone by or recent snapshots.
3. Create a photo album, framed photograph collection, or poster to hang up.
4. Make a special scrapbook celebrating her/his lifetime.
5. Write or tape your older adult's biography...give copies to the family.
6. Share your own favorite stories and memories.
7. Bring vacation photos, souvenirs, postcards, maps, and tales of your travels.
8. Read newspapers and magazines aloud to keep your older adult "in touch."
9. Look at magazines that have a lot of large, colorful pictures.
10. Read religious or inspirational articles, magazines, or books.
11. Read letters from family and friends.
12. Help your older adult write or tape letters or send cards to people.
13. Create a poster or mobile from pictures cut from magazines.
14. Bring things related to the season or upcoming holiday to do and talk about.
15. Bring the musical instrument you play for your older adult's private concert.
16. Sing, hum, or whistle together.
17. Listen to music.
18. Bring along your sewing basket, button box, or tool kit to organize together.
19. Brush, comb, or style your older adult's hair.
20. Ask for help in planning your garden and look through the seed catalogue.
21. Play word and trivia games to keep your older adult's mind alert.
22. Play card games or board games together -- lifelong favorites and new ones.
23. Do crossword puzzles together -- or on your own -- and see who can finish first.
24. Watch television together and talk about the programs you've seen.
25. Bring a favorite recipe book to explore together.
26. Bring along a treat made from a recipe your older adult said sounded good.
27. Bring different-textured fabrics to touch: silk, wool, denim, corduroy, or velvet.
28. Set up a slide projector or hand-held viewer for a travelogue.
29. Have grandchildren bring or send along artwork or school papers.
30. Read a chapter of a novel or several poems each time you visit.
31. Write poetry or a short story together -- send it off to be published.

32. Look at and listen to an old-fashioned music box.
33. Make a "joy box" by filling a decorated shoe box with fun and favorite items.
34. Keep a mutual journal of interesting discussions you have during your visits.
35. Tell jokes to one another - bring along a joke book if either of you need help.
36. Bring along an old friend of your older adult for a special reunion.
37. Take a wheelchair walk together outside as weather permits - sit on the patio.
38. Have someone bring a baby to hold and "oo" over.
39. Keep track of favorite sports teams - make a friendly wager on the next game.
40. Learn a new word each time you visit together.
41. Bring a travel book or brochures to dream about your fantasy vacation.
42. Play tic-tac-toe or hangman.
43. Ask your older adult to share memories of how the community has changed.
44. Make a list of all your older adult's favorite foods, movie stars, and songs.
45. Decide what you both would do if you had \$1 million.
46. Toss cards into a hat, pluck pennies, shoot marbles, play jacks.
47. Sit and hold your older adult's hand and lend a good listening ear.
48. Try your hand at drawing each other's pictures.
49. Recite nursery rhymes and songs from both your generation's childhoods.
50. Give your older adult a hug as you arrive and each time you say good-bye.
51. Write letters if necessary or encourage or help your friend to do so.
52. Help to revive old interests or talents or hobbies.
53. Bring flowers, cutting of plants, or magazines.
54. Admire and give importance to the possessions and person of your friend.
55. Encourage interest and pride in appearance by observing and noting.
56. Inject a pleasant surprise now and then but remember the older person is not adaptable to surprise.
57. Be alert to learn about friends and relatives, who they are, where they are, how they relate to your friend. You may be able to restore old contacts.
58. Be alert as to type of personality - then you may help in creating new friendships for your friend when you can "match" them up. But know the second person you refer first.
59. Respect confidences - they are not subjects for dinner table conversation. When serious, and you have to report to agency worker, your friend must know you have to do this.
60. Be alert to attention span of your friend - sense of time is often clouded - fatigue sets in very soon with some older persons.



Tridia Hospice is collecting donated items for our upcoming auction events at a number of Nursing Home facilities. These items are bid on by the residents with Bingo chips to help them get items they do not have the money to buy. It's not so much the items but the act of bidding on them that they love the most.

Please donate these types of items if you can:

- Art prints
- Footles
- Slippers
- Throw blankets
- Costume jewelry
- Dolls
- Radios
- Stuffed animals
- Old music
- Picture frames
- Stationary
- Envelopes
- Stamps
- Playing cards
- Games... dominoes, etc
- Beads
- Sweaters
- Coffee cups
- Zip up jackets

We need things that guys like, too!

Please do not forget to check your homes, closets, and garage for items residents in a nursing home may wish to bid on in our "Tridia Auctions". Please bring them to the office or we can make arrangements to pick them up.

Thank you for your participation in these wonderful events!

For more information on how to donate call (614) 473-0044.

2215 Citygate Dr Columbus, OH 43219