

# VOLUNTEER ROADMAP

**Begin Your Journey:** [journeycare.org/volunteer/apply-volunteer/](http://journeycare.org/volunteer/apply-volunteer/)

**Meet Your Traveling Companions**  
New Volunteer Orientation Day  
*Expected travel time: 6 hours*

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**Check Your Vehicle**

TB Test(s) and Health Questionnaire  
Background Check  
*Expected travel time: Varies*

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**Research Your Destination**

Sign up for an orientation  
(2 classes online)  
*Expected travel time: 2.5 hours*

3

**Plan Your Adventure**

Online Classes  
Online References  
*Expected travel time: 6.5 hours*

5

**Start Your Engine!**

Welcome to the JourneyCare Volunteer Team  
*Expected travel time: 5 minutes*

**NEED DIRECTIONS?**

Mary Mazzaroli Flores  
[MFlores@journeycare.org](mailto:MFlores@journeycare.org)

**Taking the next steps on your journey  
towards becoming a volunteer ...**

Thank you for completing your application. Please save this  
"Road Map." You will want to reference it along your journey.



# Research Your Destination

*Approximately 2.5 hours*

1. Sign up for your orientation date by visiting [www.myvolunteerpage.com](http://www.myvolunteerpage.com)
2. Click on the Opportunities tab
3. Select New Volunteer Orientation
4. Read the description, then scroll down to find the green sign up button

Hint: You created your username and password when you completed your application.

**Forgot your username and password?  
Having trouble locating the sign-up page?**

Please contact Mary Mazzaroli Flores for assistance at [mflores@journeycare.org](mailto:mflores@journeycare.org) or 224-339-2919

Details including time of day are available on the sign up page. Orientations are offered on a variety of days and times.

### **Prior to attending orientation (2.25 hours)**

About one week before your orientation, Mary will email you a link for your online courses. You must complete two of the courses before orientation. Other courses can be completed either before or after class. There is a third group

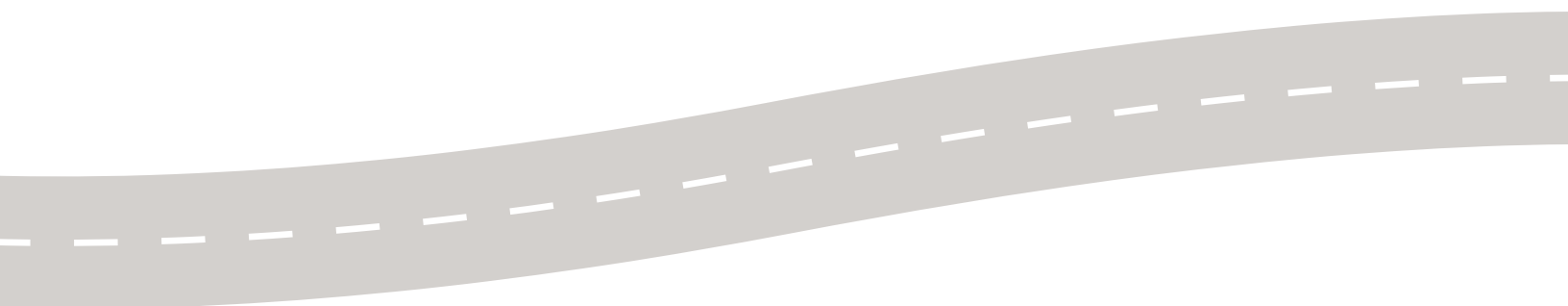
of courses that are optional. All required courses must be completed before you begin your new volunteer role.

Schedule some time in your calendar to complete the videos. Start setting aside the time that you intend to spend volunteering.

- **Intro Video** (5 minutes)
- **Module 1:** Hospice History, Philosophy, Services & Goals - *Duration including videos: 1 hour 18 minutes*
- **Module 6:** Boundaries, HIPAA, Documentation, Self-Care & Summary - *Duration including videos: 1 hour 4 minutes*

Be sure to have a notepad and pen nearby as you watch the videos. All journaling exercises are for your own personal reflection. You will not be asked to submit your entries. Please take the time to do some honest reflecting as you prepare for your new role. There are also handouts available for you to print. These are optional as well. You will not be asked to submit your handouts at orientation.

You must select your orientation date before you can participate in the online courses. Your link will be sent to you via email one to two weeks before your orientation.





## Meet Your Traveling Companions

*Approximately 6 hours*

At New Volunteer Orientation, you will learn about JourneyCare, hospice, and the many ways you can journey alongside patients, other volunteers, and our

staff as you help us achieve our mission of enriching lives through expert and compassionate care.



## Plan Your Adventure

*Approximately 6.5 hours*

Participate in further Online Classes either before or after Orientation. (6.25 hours)

- **Module 2:** Dying, Death, Grief & Bereavement: Patient/Family Coping Mechanisms, Psychological Issues & the Time of Death - *Duration including videos: 1 hour 58 minutes*
- **Module 3:** Family Systems, Dynamics & Rights *Duration including videos: 53 minutes*
- **Module 4:** Communication & Active Listening *Duration including videos: 1 hour 45 minutes*
- **Module 5:** Additional Insights & Skill Demonstrations *Duration including videos: 1 hour 39 minutes (note: this content may trigger a strong emotional reaction)*

### Take extra Optional Courses:

- **Bonus Module 1:** Volunteering in the Facility Setting
- **Bonus Module 2:** Universal Precautions & Hand Washing for Hospice Volunteers
- **Bonus Module 3:** Volunteering with Patients Who Have Alzheimer's Disease & Dementia

### Identify, contact and gather your references.

Anyone who is NOT family would be a good reference. Examples – co-workers, co-volunteers, neighbors, friends, teachers, etc. Two references are required. This quick survey will help us gain a better insight into your character.

Please forward this link to your references:

[www.surveymonkey.com/s/journeycarevolunteerreference](http://www.surveymonkey.com/s/journeycarevolunteerreference)

### Sample Reference Email

Dear \_\_\_\_\_,

Thanks so much for agreeing to be a character reference for me. I am excited to begin my new role as a JourneyCare volunteer. Please complete this quick survey so I can get started soon:

[www.surveymonkey.com/s/journeycarevolunteerreference](http://www.surveymonkey.com/s/journeycarevolunteerreference)

If you want to join me on the volunteer team, please visit <https://journeycare.org/volunteer/apply-volunteer/>

Thanks again!

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## Check Your Vehicle

Time varies – see clinician for details

Background check = 3 to 5 business days (international checks require more time.)

### TB Test

	Blood Test	Skin Test
<b>What to ask for</b>	Brand names include T-Spot and Quantiferon Gold	Two-step skin test for Tuberculosis
<b>What to expect</b>	<p><b>One clinic visit</b></p> <p>A clinician will draw a blood sample then send it away for testing. You will receive the results in a few days.</p>	<p><b>Four clinic visits</b></p> <ol style="list-style-type: none"> <li>1. Serum is placed in your forearm (typically by a nurse)</li> <li>2. You return to the clinic 2 days later</li> <li>3. A week or more later, serum is placed again</li> <li>4. Two days later – final reading</li> </ol>
<b>Why volunteers choose this option</b>	Scheduling just 1 appointment is often quicker and easier.	In some areas, the skin test is less expensive.
<b>Please note</b>		Our close proximity to O'Hare Airport has led to a state requirement that means TB tests for healthcare workers and volunteers must be administered and read twice.

*\* Need help getting started? Please ask Mary for a list of clinics that other volunteers have used.*

*\* Your clinic's form or lab report is acceptable*

*\* Submit the results to Mary Flores*

*\* Please compare prices prior to testing. Prices range dramatically by location and test type.*

*\* If you are a positive reactor or were born in another country, please see Mary for important information*

### Health Questionnaire

See attached. Printed copies will be available at your orientation if needed. Once it is signed by a practitioner, please send a copy of it to Mary Flores.

### Mary Mazzaroli Flores

[MFlores@journeycare.org](mailto:MFlores@journeycare.org)

224-339-2919 phone

224-770-2518 fax

405 Lake Zurich Rd.

Barrington IL 60010

*Tip: Take a digital photo of the documents that you want to submit. Email the photo(s) to Mary. If you are faxing a document, please contact Mary to let her know.*

### Background Check

When the above steps are complete, Mary will send you an email with the link to begin your online background check.





## Start Your Engine

Mary will introduce you to your new supervisor via email. They will contact you to set up your first assignment with you.



**Kelly Behrens • Volunteer Supervisor**  
Location: Glenview  
Office: 847-556-1941 Mobile: 847-845-3651  
kbehrens@journeycare.org



**Regan Clute • Volunteer Services Manager**  
Location: Barrington, Woodstock  
Office: 224-770-2488 Mobile: 847-529-1685  
rclute@journeycare.org



**Mary Flores, CVA • Volunteer Supervisor, Trainer**  
Location: Barrington  
Office: 224-770-2599 Mobile: 224-339-2919  
mmassaroli@journeycare.org



**Noel Gilligan, CVA • Volunteer Supervisor**  
Location: Chicago  
Office: 312-492-3082 Mobile: 224-760-3158  
ngilligan@journeycare.org



**Deanna Lesht, LCSW**  
**Volunteer Supervisor, CareCenters**  
Location: Arlington Heights, Glenview  
Office: 847-556-1568 Mobile: 224-287-0742  
dlesht@journeycare.org



**Mary Jo O'Brien • Volunteer Supervisor**  
Location: Barrington  
Office: 224-770-2415 Mobile: 224-433-8523  
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**Lisa Petersen, CVA • Volunteer Supervisor CareCenters**  
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**Peggy Prigge • Volunteer Services Manager**  
Location: Barrington  
Office: 224-770-2477 Mobile: 847-370-6295  
pprigge@journeycare.org



**Carol Ramsey • Volunteer Supervisor (0.8 FTE)**  
Location: Glenview  
Office: 847-556-1632  
cramsey@journeycare.org



**Christine Rechsteiner • Volunteer Supervisor**  
Location: Mokena  
Office: 708-441-8268 Mobile: 224-645-5820  
crechsteiner@journeycare.org



**Kathy Schimmelpfennig**  
**Volunteer Supervisor, Operations**  
Location: Glenview  
Office: 847-556-1614 Mobile: 224-412-0584  
kschimmelpfennig@journeycare.org



# Tuberculosis Test Information

New volunteers are required to be tested for tuberculosis (TB) before accepting any assignments. This can be completed one of two ways: a 2-step TB skin test or Quantiferon Gold TB test.

You are encouraged to investigate the most convenient and low-cost option given your insurance coverage and your geographic location in our service area. Different providers charge varying amounts, so the 2-step TB skin test could cost anywhere from \$10-150 and the Quantiferon Gold test may cost \$60.

If you have had a TB test within the last year, we will accept a copy of those results but please know the results expire one year from the date of your test so it may be necessary to get another one-step skin test soon thereafter.

## **TB Skin Test Procedure**

- Test #1 - return for a reading two days later
- Wait 1 week
- Test #2 - return for a reading two days later

Our close proximity to O'Hare Airport has led to a state requirement that means TB tests for healthcare workers and volunteers must be administered and read twice.

— OR —

## **Quantiferon®-TB Gold In-Tube test (QFT-GIT)**

OR

## **T-SPOT®.TB (T-Spot)**

A one-time blood draw with results sent directly to you.

Email written test results to: [mflores@journeycare.org](mailto:mflores@journeycare.org)

Fax written test results to: 224-770-2518 attn: Volunteer Department

Send a text message of results to: 224-339-2919

After your initial screening, all volunteers will be required to complete a surveillance form annually to remain active and compliant. Your coordinator will send you this form when it is time to complete it.



# Verification of TB Skin Test

*The policy of this agency mandates an initial two-step Mantoux test for all staff and volunteers.*

Volunteer Name: \_\_\_\_\_

## First Testing

Given 0.1ccPPD, Connaught Lot#: \_\_\_\_\_

Site:        L        R        Inner Forearm:

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Read: \_\_\_\_\_ mm Induration

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Second Testing

Given 0.1ccPPD, Connaught Lot#: \_\_\_\_\_

Site:        L        R        Inner Forearm:

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Read: \_\_\_\_\_ mm Induration

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TB Testing Questionnaire/Consent:

Your answers to the following questions concerning contraindications to TB skin testing will help us to determine whether you should be tested today.

Have you ever had a positive tuberculin test?    Y        N

If you have answered "yes" to the above question, you will not receive the TB test today.

I have read and understand the information above. To the best of my knowledge, I have had none of the medical problems preventing TB skin testing that are questioned above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



# Volunteer Health Questionnaire

Please enter your information and **send or bring this form to your physician/health practitioner** for completion. Please return the form to our office at: 405 Lake Zurich Rd. Barrington, IL 60010 or fax to: 224-770-2518 Attn: Mary Flores, Volunteer Department, within 30 days of your New Volunteer Orientation.

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who may we contact in case of an emergency?**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Physician/Health Practitioner Name:**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**To be completed by your Physician/Health Practitioner:**

*I verify that I have completed a health inventory which included:*

- Immunization status and history of conditions that would predispose the individual to acquiring or transmitting infectious diseases in serving as a patient care volunteer.
- History or exposure to, or treatment for, tuberculosis, and history of hepatitis, dermatologic conditions, chronic draining infections or open wounds
- Initial health evaluation that includes any procedures needed to:
  - Detect any unusual susceptibility to infection and any conditions that would increase the likelihood of the transmission of disease, and
  - Determine that the volunteer appears to be physically able to preform the job functions that the hospice program intends to assign to the employee.

Describe any pertinent health conditions or previous surgery which might limit volunteer's ability to perform volunteer duties.

\_\_\_\_\_

This shall certify that to the best of my knowledge there is not evidence of contagious disease or any other significant health problem which would limit utilization of this individual in any JourneyCare program activity.

Practitioner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_