



One to One Peer Support (Bereavement) Volunteer Position Description

Purpose: To provide bereavement support and information to newly bereaved individuals through one-to-one peer interactions.

Necessary Skills and Attitudes:

- The capacity to give your time, energy, wisdom and skills to provide peer support to bereaved individuals and their families
- Excellent listening, interpersonal and communication skills
- Caring, sensitive and compassionate
- Understanding of and commitment to team work
- Independence, self-reliance, reliability and honesty
- Self-aware and ability to set healthy boundaries
- Empathy, confidentiality and the ability to suspend judgment
- Able to be present with people experiencing a wide range of emotions
- Able to refrain from giving advice, problem solving, or trying to “fix”
- Comfortable talking about death, dying and bereavement
- Respect for all aspects of diversity

Responsibilities:

- To uphold the client’s right to dignity and self-determination
- To adhere to Hospice Orillia’s policies and procedures
- To advise Hospice Orillia staff and the client in a timely manner if unable to fulfill duties
- To complete all required screening and training necessary for this position
- To maintain a clear vision of the volunteer role with clients
- To provide adequate notice of changes in volunteer availability and status
- To comply with Personal Health Information Protection Act (PHIPA) and maintain confidentiality of sensitive information shared throughout client match

Duties Include:

- Advise the Bereavement Coordinator of your support schedule prior to visiting the client
- Supporting the client through normalizing the grief experience, and provide an opportunity for the client to share their experience in a safe and nonjudgmental space
- Communicating any concerns (i.e. abuse/neglect, suicide risk or medical concerns or other urgent matters) to the Bereavement Coordinator in a timely manner
- To attend volunteer educational events
- Will act as an ambassador for Hospice Orillia
- Submitting monthly volunteer hours by the 3rd of each month via online submission form
<https://hospiceorillia.ca/volunteer-hours-monthly-report-form/>



- **Additional duties as a result of COVID-19:**

- Pivoting to virtual services as needed – dependant on government regulations (ex. Phone calls or video conferencing platforms)
- Utilize appropriate personal protective equipment (PPE) for in person visits as directed by Hospice Orillia in accordance with government rules/regulations

Limitations:

- Volunteers may not diagnose or speculate about the nature of any mental health or medical conditions that the client may be experiencing
- Volunteers are providing a support relationship. *This is **NOT** a counselling/therapy relationship
- Volunteers may not administer medication to hospice clients
- Volunteers may not perform medical procedures such as inserting or maintaining catheters, administer a substance by inhalation (including oxygen)
- Compromise their own safety as part of their duties (i.e. performing tasks beyond their own physical capability)
- Accept personal gifts
- Witness any legal documents

Key Relationships:

- Volunteer Coordinator, Community Social Worker
- Bereavement Coordinator
- Program Assistant

Supports for Success:

- Hospice Palliative Care Training Program
 - Hospice Palliative Care Ontario Online Training
 - Hospice Orillia In-Person Training
- HR Downloads training modules (online)
- Ongoing educational and professional development opportunities
- Community workshops
- Individual supervision, if needed/applicable

Time Commitment:

- Availability for one-to-one meetings with bereaved clients for 4-6, 1 hour sessions
- A minimum of a one-year commitment to Hospice Orillia



Hospice Orillia is a program of the North Simcoe Muskoka Hospice Palliative Care Network
169 Front Street South, Orillia, ON L3V 4S8 | Reg Charity # 135837748RR0001
Bus: 705-325-0505 Fax: 705-325-7328 www.hospiceorillia.ca

Created June 2018. Most recent revision August 2022.

Screening Requirements

- Police Vulnerable Sector Check
- Two completed reference checks

I acknowledge that I have received, read and understand the position description for this role.

Volunteer Signature: _____ Date: _____



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