**Pre-Med Hospice Frequently Asked Questions**

**How much time is required to be a Hospice volunteer?**

Normally two to three hours per week.

**Where will I see Hospice patients?**

Patient visits occur near campus in facilities offering Hospice care. Traveling time ranges from five to 30 minutes. A small minority of patient visits take place at home residences near campus. Hospice does everything in its power to find convenient assignments that fit your needs.

**How do I get to the care facility?**

Students travel in a variety of ways to see patients - some walk, some carpool, others use campus vehicles, and some use public transportation. Bryn Mawr reimburses students for public transportation and for mileage travelled and one Hospice at Pitt reimburses students for bus fare. The professional health advisors will be able to provide more information about your particular school’s transportation resources and the Hospice volunteer coordinators will be helpful as well. Finally, Hospice will evaluate your transportation resources and find an assignment that works for you.

**Where will Hospice training and required Resource and Reflection meetings be conducted?**

Training and Resource and Reflection Meetings will be held on campus or at a church or synagogue within a few blocks of campus. The Pre-Med Hospice Program works closely with universities to identify exceptional spiritual leaders to serve you. Some of the Pre-Med Hospice Chaplains are college faculty members and others are respected religious leaders in the university community serving a local church or synagogue.

**As a Hospice Volunteer, what will I be asked to do?**

As a Hospice Volunteer you will be part of a professional care team comprised of a doctor, nurse, certified nursing assistant, chaplain, social worker, and volunteer coordinator. Meeting with the patient weekly (and in some cases every other week) your presence and compassion will help
the patient navigate the process of dying. As you listen, interact, or sit with a patient you will become an important component of Hospice’s commitment to the patient care where pain is lessened, isolation is reduced, and relationships are valued.

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