Living

Local Hospice volunteers sought

By CANDACE ATKINS
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HE OCT. 17 earthquake seemed to broaden the notion of human caring. People who ordinarily didn't volunteer, donate or contribute to any cause seemed to suddenly pour forth in Santa Cruz County, extending themselves to others.

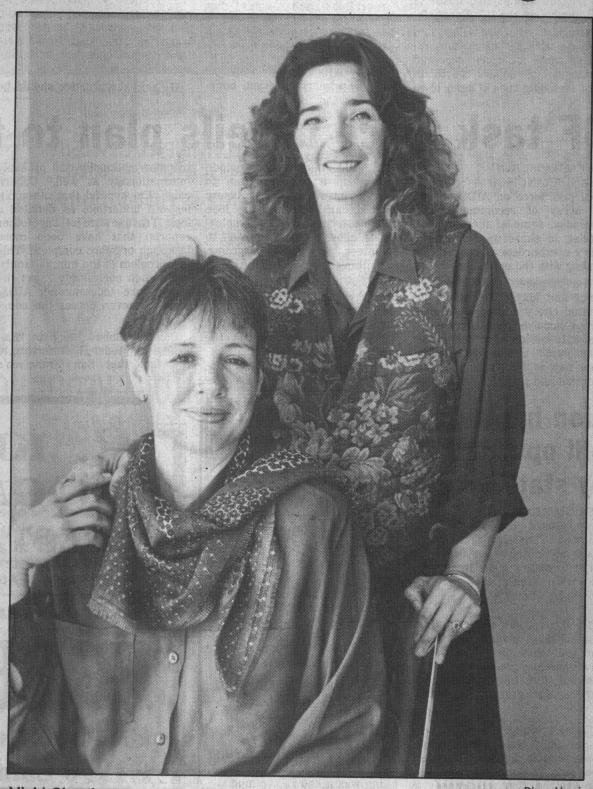
Thousands of local residents participated in benefits and fund raisers for earthquake victims. They showed up at shelters and social service agencies, ready to do any job necessary. Homes and hearts were opened.

Zeal of this kind can dissipate fast. The magic of people spontaneously working together for the common good can run out of steam in a hurry — especially when the emotional long-term effects of the disaster finally settle in. And yet, there are people who had pressing needs before the earthquake, whose needs continue, regardless of volunteer burn-out.

With this in mind, Hospice Caring Project of Santa Cruz County has extended its application deadline for volunteer training until Jan. 19. Countywide, the need for volunteers has remained the same since before the earthquake, but South County is especially low on people to serve as visitors to the terminally ill and their families.

"Forty percent of our caseload is in South County," said Vicki Shook, volunteer coordinator. "We always have a need for Spanish-speaking volunteers, and we really need Watsonville volunteers."

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Watsonville resident Jeffery Baker, 42, has been a visitor for a year. The full-time vice president of human resources for a local corporation received a new client Wednesday, her sixth so far, her first in 1990.

Baker, who has never used Hospice as a client, is a believer in the reciprocal benefits of the visitor program. She said a volunteer visitor brings a sense of order and stability to a sad, often upsetting situation. In turn, helping others through a rough time is reward in itself.

Hospice visitors. Baker said, need no special skills beyond the ability to perform daily living tasks and the capacity for listening and caring. She believes just about anyone can become a visitor, thanks to 30 hours of initial Hospice training and ongoing education and support programs.

"The training is very rewarding, it's very necessary," Baker said. "There's an awful lot to learn about Hospice, local resources, physical care and the tremendous emotional resources available. It's a real important 30 hours."

Both Baker and Shook said Hospice volunteers and staff support one another emotionally, and that strength is passed on to patients. They were quick to add that Hospice clients don't have to subscribe to any particular philosophy — their right to go through the dying process any way they choose is always respected.

"We don't push anyone," Shook said.

"We leave all judgment at the front door," Baker said.

She said among Hospice volunteers, there are varying philosophies of life and death, but they all seem to work together Vicki Shook, seated, and Jeffery Baker, of Hospice.

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in a mutually supportive way.

Volunteer visitors can initially find families in a state of upset, denying that the patient is going to die, or leery of having a stranger suddenly come into their lives. Few feel comfortable asking for emotional help, Shook said.

What they can ask for is help with daily tasks, she said. Volunteer visitors do everything from taking the patient or family members shopping to gardening to sitting with the patient while family members take respite time.

"'I need emotional support,"

is hard to say," Shook said. "But they can ask for practical support."

From there, she said, emotional trust and healing can grow.

That healing and trust grows on all sides, Shook and Baker said. Hospice volunteers can be a reluctant bunch in the beginning, they said.

"I think you're attracted to the work," Baker said.

"Attracted, but with apprehension," Shook added. "People who volunteer at first are scared they can't cut it, that they can't handle the situation. They wonder, 'What will I say to this family?' Ambivalence is a very natural response to the work. So is initial anxiety."

Baker said the training, plus practical experience, dispel doubts. Further, volunteers, Baker said, find more personal confidence, tolerance and goodness within themselves by working with the terminally ill and their families.

Volunteer training will be offered Jan. 25, 27 and 28, and Feb. 1, 8 and 10. Information about becoming a volunteer is available by calling 688-7684.

Training prepares visitors for job

OSPICE volunteers, after they are trained, donate a few extra hours a week helping people who have terminal illnesses and their families. Through the efforts of Hospice volunteers, nursing and social workers, medical professionals and relatives, patients are given the opportunity to spend their final days at homes.

Most clients have a sixmonth life expectancy. Some die within days. Others live for a year or more. Occasionally, a patient will recover.

Volunteers are asked to make a one-year commitment to the program. People who have time to give during the day are especially needed, as are bilingual individuals and Watsonville residents.

Hospice volunteers perform a variety of jobs, which include running errands, preparing meals, or doing light house-keeping. Their visits make it possible for a care-giver to take some time for him or herself. Hospice visitors are trained to be good listeners and to offer emotional support.

Before visitors are assigned families, they complete a training program. Cost is \$75 general; \$50 for Hospice members. Some scholarships are offered.

Training topics include the philosophy of Hospice, spiritual dimensions of death and dying, personal experiences of death, the grieving process, emotional support, basics of physical care, pain and symptom control, cancer and AIDS, legal issues and funeral planning, and family dynamics.

Following training, Hospice volunteers receive ongoing support and continuing education through the project.

Last year, Hospice served more than 200 local families; of that number, volunteers worked with 150 families. Volunteers reported more than 4,000 hours spent with clients. Most of the clients were cancer patients, but clients can also be people with AIDS or late-stage pulmonary and heart disease or other disorders.