



**JOB DESCRIPTION
LAY PASTORAL VISITOR
PASTORAL CARE SERVICES**

PURPOSE: To provide an atmosphere of caring and spiritual support while visiting patients/residents and their families.

REQUIREMENTS:

1. To complete application and meet appropriate screening procedures of the Pastoral Care Services Department.
2. To have the endorsement of one's parish clergy or religious leader.
3. To be registered with the Pastoral Care Services Department and to wear authorized identification during visitation.
4. To be aware of and abide by all Pastoral Care policies and procedures.
5. To attend orientation prior to commencement.
6. To attend in-service programs on appropriate care-giving whenever possible.
7. To be under the direction of the nurse in charge of the unit, department head, or of the program to which he or she is assigned and accountable to the Regional Manager of Pastoral Care Services.

QUALIFICATIONS: Mature, stable personality, demonstrate good listening skills, warmth and empathic in caring, non-judgmental, dependable, sense of humor, and be able to work as a team member with family and staff.

RESPONSIBILITIES:

1. To record all visits as required by the Pastoral Care Committee.
2. To obtain patient/resident information (name and location) from the census reports available at the designated area.
3. To visit members of one's own parish or faith group and any others who have requested a visit.

4. To bring comfort, support and hope through compassion, care and creative listening to patients/residents or family. Sometimes, just to be with the patient/resident in silence is sufficient.
5. To have available religious literature or appropriate reading material for patients/residents if they so desire.
6. To offer Sacred/Scripture readings and/or prayer with patients/residents if they so desire.
7. To read to patients/residents, write letters, sing for or with patients/residents if they so desire.
8. To accompany and/or escort patients/residents to chapel only with the nurse's permission (as per the Volunteer Resources Orientation policy).
9. To maintain confidentiality of the patient/resident and family.
10. If the volunteer is comfortable and the family is not available or request it, the volunteer may sit with dying patients/residents.
11. To sit with any patient/resident as requested by staff or family.
12. To report any critical or unusual incident to the Nurse in Charge on the unit and complete a detailed report on the Occurrence Reporting Form and forward it to the Risk Management office. Copies will be also sent to the site Pastoral Care Chairperson and to the Regional Director on the appropriate reporting form.
13. To make referrals with the patient's/resident's consent to the respective parish clergy.
14. To follow hospital/nursing home policies on volunteer visitations.
15. To adhere to the Pastoral Care Policies with respect to Confidentiality, Proselytizing, Religious Literature.

DO'S & DON'TS FOR VOLUNTEERS:

DO

1. Introduce yourself & be yourself
2. Be caring & sensitive
3. Be calm
4. Let your concern show
5. Allow others to express their feelings.
6. Maintain confidentiality
7. Be sensitive to needs for privacy
8. Touch appropriately
9. Seek permission to enter
10. Let patient talk about **their** concerns

DON'T

1. Be a phony
2. Be aggressive
3. Be overly cheerful
4. Give advice
5. Be judgmental or critical
6. Discuss patient's/resident's condition
7. Intrude or probe
8. Squeeze or hurt when handshaking
9. Overstay
10. Focus on **your** similar problems

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Lay Pastoral Visitor Application

PLEASE CHECK (✓) FACILITY WHERE YOU WANT TO VOLUNTEER

- | | | |
|--|---|--|
| <input type="checkbox"/> Dr. Charles L. Legrow Health Care | <input type="checkbox"/> Calder Health Care Centre | <input type="checkbox"/> Western Memorial Hospital |
| <input type="checkbox"/> Bonne Bay Hospital | <input type="checkbox"/> Sir Thomas Roddick Hospital | <input type="checkbox"/> Bay St. George Senior Citizens Home |
| <input type="checkbox"/> J.I. O'Connell Centre | <input type="checkbox"/> Corner Brook Interfaith Home | <input type="checkbox"/> Rufus Guinchard Health Centre |

Name: _____ Telephone: _____ (Res.)
Address: _____ (Bus.)
Postal Code: _____

Parish/Corps/Assembly: _____ Telephone: _____ (Bus.)
Address: _____ Postal Code: _____

Clergy: _____ Telephone: _____ (Bus.)
Address: _____ Postal Code: _____

Have you had previous training in Pastoral Visitation? Yes No Date: Year

Presented by whom?

Do you have previous Hospital/Nursing Home visitation experience? Yes No

Which institution(s)?

PLEASE COMPLETE THE ATTACHED FORMS:

- **Criminal Records Screening Application (There will be no cost to the applicant for this certificate)**
- **Clergy Endorsement Form (Completed by your minister)**
- **Verification Form**

Return all forms to the Regional Volunteer Resources Office, Western Health, Box 2005, Corner Brook, NL A2H 6J7. This department will forward your Criminal Records Screening Application to the appropriate police agency.

I certify that I am over eighteen (18) years of age.

DATE

SIGNATURE OF APPLICANT



CLERGY ENDORSEMENT FORM

TO BE COMPLETED BY YOUR MINISTER:

I certify that _____ is a member in good standing of this parish/corps/assembly, shows an interest in pastoral visitation, is over eighteen (18) years of age, and is recommended to enter the Lay Pastoral Visitation Program as offered by the Western Regional Integrated Health Authority ~ Pastoral Care Services. This information is accurate to the best of my knowledge and belief.

Signature

Date



VERIFICATION FORM FOR LAY PASTORAL VISITORS

This form must be completed and signed annually and is due not later than January 1st in respect of the preceding calendar year by all Western Regional Integrated Health Authority Lay Pastoral Volunteers, age 18 years of age and over.

I _____ attest that:

I will notify my minister if I become the subject of a criminal investigation or if any criminal charges are pending or brought against me.

(Check the appropriate box)

(a) There have been no occurrences as described above since my last criminal record screening, if any, or in any event, in the previous year; OR

(b) I reported all occurrences as described above to my minister and to the Regional Manager of Pastoral Care in Western Health at the time of the occurrence.

I hereby verify that the information disclosed herein is true, complete and accurate to the best of my knowledge and belief. I understand that false information stated in this verification form shall be sufficient cause for immediate dismissal.

Name: _____

Address: _____ Postal Code: _____

Date: _____

Signature: _____

Telephone: _____

Return this original form to the Regional Volunteer Resources Office, Western Health, Box 2005, Corner Brook, NL A2H 6J7