



Chinese American Coalition for Compassionate Care 30-Hour Chinese Hospice and Palliative Care Volunteer Training

Dear Applicant,

Thank you for your interest in the Chinese American Coalition for Compassionate Care's (CACCC) 5th 30-hour Chinese Hospice Palliative Volunteer Training Program, the first such training in Sacramento. Training will be conducted in Chinese and English with simultaneous interpretation.

The dates and locations of the trainings are listed below. We are seeking qualified applicants who are able to commit to the entire 30-hour training in Sacramento and are willing to be a hospice and palliative volunteer for at least one year thereafter.

Dignity Health Lukens Auditorium 6555 Coyle Avenue Carmichael CA 95608	Kaiser Permanente Medical Center Building D, 3 rd Floor 1600 Eureka Road Roseville CA 95661
Saturday, June 17, 8:00am-4:30pm Sunday, June 18, 8:30am-4:30pm	Saturday, June 24, 8:30am-4:30pm Sunday, June 25, 8:30am-4:30pm

If you are fully dedicated to the schedule and one year volunteer commitment, please complete the application form thoroughly and thoughtfully. Email your completed application to application@caccc-usa.org. Applications will be processed in the order in which they are received. We will contact you to schedule an interview beginning in May.

The volunteer training is free; however, there is a registration fee of \$100 to cover material costs and meals. If you have any other questions about the training or about CACCC, please visit caccc-usa.org or email: application@caccc-usa.org or leave a message at 866-661-5687.

We will notify you when your application is accepted. Your registration is complete when we receive your \$100 registration fee. Please make check payable to CACCC and note it is for the Sac Training and mail it to CACCC, P.O. Box 276, Cupertino CA 95015.

We look forward to hearing from you soon.

Sincerely,

Shirley Pan
Executive Director, CACCC

Sandy Chen Stokes, RN, MSN
Founder & Board Chair, CACCC



CHINESE HOSPICE & PALLIATIVE CARE VOLUNTEER 30-HOUR TRAINING APPLICATION FORM

CACCC Member and Volunteer Information

Date: _____

Full Name (with degrees/titles): _____

Chinese name: _____

Home Address: _____

Email: _____

Cell ph: _____ Home ph: _____

Emergency Contact Name _____ Phone _____

Individual Member Agreement

Your signature below certifies that you agree to become a volunteer member of the CACCC.

X _____ Date _____

Volunteer Questions

1. **What is your occupation and/or course of study?** (Please indicate if you work/study full-time or part-time in your response.)

2. **What language/dialect(s) do you speak?** (Please indicate level of fluency; reading/writing skills.)

3. **Please describe your current and previous volunteer experience.**

10. It is important that hospice and palliative volunteers have strong resources for emotional support in their life. What are your emotional support systems in your life?

11. Do you anticipate anything interfering with your ability to complete the 30-hour training and to commit to becoming a hospice and palliative care volunteer for at least a year after your training?

12. Is there anything else you would like to share and let us to know?

Volunteer Agreement

I hereby certify that I have personally completed this application and that all the information herein is accurate. If accepted to the Chinese Hospice and Palliative Care Volunteer Training, I am able to commit to the full 30-hour training in Sacramento and become a hospice and palliative care volunteer for at least one year after completing my training.

X _____ Date _____

Please email your application to: application@caccc-usa.org
Please leave a message at: 866-661-5687 if you have any questions.