Guidelines for Establishing a

Caregiver Support Program

WELS
Christ's Love, Our Calling.

CAREGIVER SUPPORT PROGRAM

The guidelines developed in this booklet were the collaboration of WELS Nurses Association and Special Ministries.

CAREGIVER SUPPORT PROGRAM

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Overview

There is a growing concern that sick and dying patients are becoming an overwhelming burden on their families. Although the tasks associated with caregiving are traditionally handled by the immediate family, the family isn't always able to handle the full responsibility of caregiving. The result is that many patients receive care from a single caregiver who may appear to need little or no support, encouragement, or relief. When a caregiver is required to handle all the care issues or make all the decisions, it becomes difficult to handle the other responsibilities in life. Future decisions can also become complicated when they are also placed on the primary caregiver.

The **Caregiver Support Program** (CSP) is designed to help the primary caregiver in that difficult and challenging role. This program recruits and organizes a team of volunteers that provide services for the well-being of the patient and/or caregiver. The team coordinator is responsible for building the team, providing basic training, coordinating the members, and handling communication issues. *The team is not responsible for making decisions for the patient or family.* Anyone who is deemed qualified by the team coordinator can serve on the team. There is no membership requirement to serve, and no assumption that a team member will serve on a future team for another family. Each team is unique in its make-up and purpose.

The people who volunteer to help are not asked to assume full responsibility for the care of the patient. However, they can assist the caregiver. If the *caregiver* receives support and encouragement, he/she is more capable to handle the challenging role as the primary caregiver. The Caregiver Support Program is implemented properly when: team members serve as active supporters, the primary caregiver receives valuable assistance and encouragement, and the patient is ultimately served in a positive manner.

Purpose

Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers (Galatians 6:10).

The Caregiver Support Program is designed to assist congregations in developing a network of individuals and to organize them to provide support for primary caregivers. There is a growing need to provide assistance to individual caregivers, but the organizational structure is seldom present in congregations or within families.

Carry each other's burdens, and in this way you will fulfill the law of Christ (Galatians 6:2).

This booklet helps congregations establish the structure and ultimately meet the needs of fellow members who serve as caregivers. When implemented effectively, the Caregivers Support Program provides for the spiritual, emotional and physical needs of the caregiver. At times, the Caregiver Support Program can also supplement the needs of the patient, but that is a secondary goal of this program.

"Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life (John 9:3).

Patients and caregivers are often confronted with the question "Why?" God's Word provides an answer to that question. Our suffering can provide the avenue for God's name to be glorified and for his mighty power to be displayed. The volunteers who support primary caregivers are demonstrating their Christian faith and providing a loving witness through their efforts.

In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven (Matthew 5:16).

Those who participate in the program will serve as Christian witnesses, which, in some situations, will lead to opportunities to share the love of God and the plan of salvation with unbelievers.

Structure

Leadership

Any successful program needs quality leadership from individuals who:
- are grounded in God's Word
- understand the purpose and mission of the program
- know the pertinent issues
- can work effectively with others
- are capable of accomplishing the goals

Parish nurses are, generally speaking, trained and equipped with most of these qualities. Parish nurses are not the only people who can serve in leadership roles for a caregiver's support group, but a congregation would be wise to consider the parish nurse as an option.

Whether a congregation selects a parish nurse or someone else, it is critical to understand that the leader is not solely responsible for all decisions and activities. The program is most effective when a group of people works together to accomplish its goals.

In some communities, the Caregiver Support Program (CSP) can be implemented among a number of congregations. Working with more than one congregation would require additional communication and organization, but the program might function more effectively if it is shared among a larger network of people and churches.

Each congregation has its own organizational structure already in place. The CSP should fit that existing structure in a way that allows for efficient and effective oversight and communication. Here is one suggested arrangement:
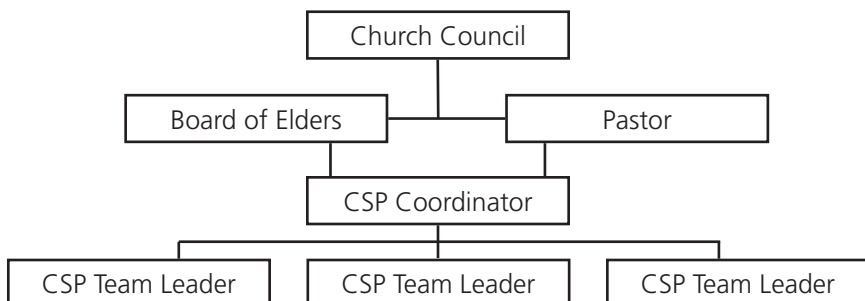
Under this model, the CSP Coordinator is responsible to the Board of Elders and the pastor. In reality, the Coordinator will work most closely with the pastor to evaluate the needs of individual care givers and to ensure that those needs are met effectively. The Coordinator is also under the supervision of the Board of Elders which provides the authority within the congregational leadership.

Confidentiality

There is a great deal of concern regarding privacy and confidentiality as it pertains to a person's health care. At times, these rules become a frustrating impediment in fulfilling a worthwhile objective. Nonetheless, the rules are established for the benefit of the patient and should be observed throughout the program.

In general, confidentiality guidelines require volunteers to respect the privacy of the people he or she serves. Any information that is shared with the support giver is not to be shared with others unless given specific authorization to do so. Even if it is perceived there is a benefit in sharing information with others, a support giver must first receive approval by the patient, authorized guardian or health care agent.

Any person who serves in this program must be adequately educated on these issues of confidentiality and fully commit to following these standards.

Insurance and Liability

CSP volunteers might have questions regarding personal liability should they choose to assist with this program. These are areas of concern for the caregiver and family, the congregation, and any volunteer on the team. Since the primary goal of the program is to support the caregiver, most of the activities are neither invasive nor potentially dangerous. There are times, however, when a volunteer could be placed in a situation that could lead to a liability issue. For that reason, we include some basic guidelines which are meant to reduce the possibility of a lawsuit.

These guidelines are not comprehensive so congregational leaders should seek professional advice prior to creating a program. Here are some guidelines addressing insurance and liability concerns:

- Congregational leaders should discuss this topic with the church's insurance representative. Have the Caregiver Support Program's mission statement, job descriptions, and other documentation available for review.

- The congregation might consider a separate rider to the primary insurance policy to cover some of the Caregiver Support Program activities.

- Some activities, such as transportation, might be covered by the volunteer's personal insurance rather than the congregation's insurance policy.

- Maintain accurate records and document your activities.

- Maintain good communication with the primary caregiver so clear directions can be given and updates provided.

- Maintain good and timely communication with all team members so regular updates can be shared with each of them.

- Ask the primary caregiver to update the appropriate forms on a regular basis so all team members receive accurate information.

- Always follow the directions and wishes of the primary caregiver. Regardless of knowledge and/or training, team volunteers are not primary decision-makers.

- Team leaders must insist that all team members act in a way that is consistent with this guidebook. Volunteers who act in ways that are not consistent with these guidelines will be held accountable for their actions and face personal financial or legal liability.

Volunteers who act according to the guidelines in this booklet reduce the risk of personal liability.

Getting Started

The first step in starting a Caregiver Support Program is to share the idea with your pastor. He is responsible for the various ministries and activities in the congregation, and he will serve an instrumental role in implementing the program.

Early discussions should focus on the general concepts and goals of the program. Once those are established, the details of the program can be developed. This booklet can serve both as a resource for establishing a program as well as a guide for working through the initial stages.

Initial meeting

The first meeting should include:

Pastor – he will provide the needed spiritual guidance and direction

Potential leader – he/she will provide the coordination for the program

Congregational leader – person from the church council or specific board or committee who will provide input and serve as a liaison through the process

Parish nurse – he/she will provide the medical expertise that will be critical for the group

Others as deemed valuable – possibly a staff minister, physician, other health care workers or committee members who can provide additional expertise

The meeting agenda should include these items:

Opening devotion and prayer
- keep the program focused on the spiritual aspects of the effort
- provide a gospel motivation for the project

Some basic principles
- explain who will be served (cancer patient, terminally ill, physically disabled, member with dementia, etc.)
- explain what level of service will be provided (meals, visitation, relief time, etc.)

Organizational issues
- identify the leader of the program
- determine how the program will fit within the congregation's structure and organization
- establish written guidelines for the group
- consider the elements of an informational/ promotional plan
- discuss budgetary issues
- discuss record-keeping issues
- identify facility and equipment needs
- select others to serve on the team

Schedule and assignments
- set next meeting date(s)
- establish assignments and deadlines

Some groups may not be able to accomplish all of this work at their first meeting. It is acceptable to work on these issues over several meetings as long as the group does not become distracted from reaching these initial goals.

Follow-up meetings
Establish the Support Team – The team should include a diverse group of people who have something to contribute to the program. The team should be large enough so the responsibilities do not fall on only one or two people. Conversely, the team should not be so large that communication and cooperation become difficult. When forming the team, consider the following questions.

1. How long do we anticipate the team will be needed?
   A longer time frame will require more people's involvement.

2. What specific needs must be met?
   Are specific skills required? Will certain personalities lead to conflict? What physical challenges will be present, and what are the spiritual concerns? The more diverse the group, the larger it must be.

3. How large and available is the family support group?
   A large and involved family will reduce the service provided by the support team.

4. How will the team members make the major decisions?
   This point must be clear for all team members and must be followed for the sake of the patient and for the benefit of the entire team.

5. How will communication be handled?
   Many members of the support team might be minimally involved and yet will need to be updated on important information.

Equip the Team – Once the team is chosen, it is important to complete the forms and conduct initial training. The forms are listed in the Appendix.

Continuing Team Discussions – Team members must communicate on a regular basis. The team may meet personally or communicate through phone calls and e-mails. The team leader determines the timing of group meetings. Some information may be shared through e-mail or phone calls, but don't diminish the value of getting together and talking personally. Group meetings are better for communicating concerns, sharing common thoughts and encouraging other team members.

Re-evaluations – The needs of the caregiver may change unexpectedly and those changes will likely affect the work of the CSP team. When a team works for a longer duration of time, it is good to re-evaluate their work, allow some members to end their service, recruit new replacement members, and modify the goals as needed. These re-evaluations could occur at 3-month intervals.

Wrap Meeting – The team should get together for a meeting after their responsibilities are completed. This usually occurs when the patient is either cured or has died. The wrap meeting

is the time to discuss the benefits of the effort, offer thanks for the work that was accomplished, evaluate the work, and offer suggestions for improvement for future teams.

Communication

Basic Principles
Members and participants in this program should be aware of two key aspects of communication: clarity and respect.

Clarity – Since this program involves a number of people with various relationships to the patient, communication should be clear and concise. When communication is clear, the team is organized, informed and equipped. The forms in this booklet are designed to foster clear communication.

Respect – Each member of the team must recognize the importance of showing respect in their communications. Any knowledge must be used to help the patient and primary caregiver and cannot be used for gossip. God's word is clear in its call to demonstrate Christian love and respect toward others (8th Commandment, Leviticus 19:16; Proverbs 11:13). Even if a team member knows factual information, it is not to be shared without the approval of the patient or family member. This approach respects the authority of the family which is appropriate.

Forms
Suggested forms are provided in the Appendix of this manual. You may modify them for your own use or create your own. The forms will communicate important information and keep things organized. They also help with documentation which can be important for future use.

The forms are meant to assist the team as it provides quality support for each situation. Not all forms will be used for every case, and some forms may need to be modified for more effective use.

Quality programs are developed over time. An effective evaluation tool will help the team make changes that lead to improvement. The evaluation forms in the Appendix may be used in their current design or customized for your own use.

The Right Motivation
Starting a Caregiver Support Program is meant to assist a primary caregiver as he/she cares for a loved one. Primary caregivers often become overwhelmed with their responsibilities, tend to ignore their own needs for the sake of the patient and are hesitant to ask for help. The patient may also be hesitate to seek additional help because he/she feels uncomfortable receiving help from "outsiders," feels embarrassed by their condition, feels guilty for the extra work that is required, or in general, feels their dignity is compromised.

In order to be effective, the Caregiver Support Team needs to understand these issues and be willing to serve in spite of any concerns.

Appendix

The two sections of this Appendix are designed to help the caregiver and the CSP team. These forms may either be modified to fit the unique needs of a particular person and/or family or may be used as printed in this booklet.

Appendix A includes forms for the caregiver which help evaluate the environment and specific needs to be addressed, current medical needs and other personal information that is valuable to have in a central location. The intent of these forms is to help the primary caregiver organize information. The caregiver may choose to share some of the forms with the CSP team leader.

Appendix B includes forms designed to help in the coordination of volunteers assisting the primary caregiver. The team leader (with the assistance of the primary caregiver, CSP coordinator, and pastor) is to complete these forms and share the information with the team members.

The information included in these forms (or those to be included for future use) should be considered confidential. Volunteers should not share this personal information with others beyond the team members who also provide care for this person. The intent of these forms is to enhance communication and share meaningful and accurate information. At all times, the personal dignity of the family should be upheld.

Always remember that the primary caregiver is ultimately responsible for the care of this person. All volunteers give their time to assist the caregiver and offer relief to the caregiver. At no time should any volunteer feel qualified or empowered to make his or her own decision about the specific treatment or type of care provided to this person. All concerns should be addressed to the primary caregiver and should offer a way to improve the quality of relief services or the overall treatment or care of the person.

Date this form was completed: _____

Safety Tips

Use this checklist to help assess the relative safety of your residence. Some of these categories do not apply to your situation, but overall this checklist may be used to identify safety concerns that should be addressed.

Living Areas

_____ Flooring – no loose area rugs; slippery floors; high thresholds; shag carpet or any other concerns that could cause a person to slip or fall

_____ Lighting – plenty of quality lighting that is properly located, easy to operate, and equipped with highest possible wattage for ultimate brightness; night lights in key areas (especially hallways and bathrooms)

_____ Electrical – safe location of extension cords; adequate outlets; no overloaded circuits

_____ Furniture – comfortable seating that is easy to get in and out; solid furniture that will not easily move away from a person; safe furniture with no sharp points or edges

_____ Spacing – adequate spacing for safe mobility around the residence even with a walker

Notes: _____
_____
_____
_____
_____

Kitchen

_____ Water temperature – water heater and set temperature set at 120
degrees to avoid scalding

_____ Burn hazards – burnable items kept safely away from cooking appliances

_____ Accessibility – ease of accessibility of plates, cups, food items, and
other necessities

_____ Cooking materials – accessible cookware; pots and pans that are easy
to manage

_____ Food issues – no expired foods, especially in refrigerator and freezer;
foods are representative of a balanced diet

_____ Ventilation – air ventilation system in place or stove exhausts
functioning properly

_____ Appliances – small appliances in safe condition (unlikely to tip over,
safety shut-off, easy to use controls)

_____ Flooring – no slippery floors; loose area rugs; areas of possible concern
for tripping or slipping

_____ Smoke detectors – proper location; fully operational on each level

_____ Fire extinguisher – a working extinguisher is easily available

_____ Carbon monoxide detector – a working detector is properly located

Notes: _____
_____
_____
_____
_____

Bedroom

_____ Lighting – adequate wattage and accessible locations; consideration of a "clapper" device or other options in the event a person falls; appropriate night lights

_____ Sleepwear – non-flammable; available options appropriate for weather conditions

Notes: _____
_____
_____
_____
_____

Bathroom

_____ Flooring – presence of non-slip devices to reduce possibility of slips from wet surfaces, especially in tub or shower; area rugs that are non-slip and short pile

_____ Grab bars – available in areas near the toilet and bathtub

_____ Shower/tub bench – check for appropriate height and stability

_____ Faucet handles – lever handles are best option

_____ First aid kit – stocked with basic needs

Notes: _____
_____
_____
_____
_____

Garage

_____ Garage doors – easy to manage; automatic door opener as best option; access door equipped with quality lock and easy to open and close

_____ Lighting – automatic controls are best; select highest wattage for best vision

_____ Storage items – flammables kept in safe location and tightly capped; adequate spacing for driving car in and out of garage and opening car doors; yard equipment organized for safety and easy access by volunteers

Notes: _____

_____

_____

General

_____ Door handles – consider replacement of knobs with lever handles

_____ Door locks – strong locks or deadbolts on exterior doors

_____ Door bell – working well with proper volume level

_____ Lighting – good lighting, especially at entrances, steps and commonly used areas with easy access to switches

_____ Ramps – consider adding ramp(s) for home entry, if needed

_____ Handrails – properly installed near steps and entry areas

Notes: _____

_____

_____

Appendix A

Date this form was completed: _____

Transportation Issues

Primary transporter: _____ Phone: _____

Alternate transporters: _____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Is public transportation a viable option? ❒ Yes ❒ No

Is taxi service used? ❒ Yes ❒ No Name: _____ Phone: _____

Ambulance service? ❒ Yes ❒ No Name: _____ Phone: _____

Important transportation issues:

❒ Yes ❒ No Does person require special help into and out of a vehicle?

❒ Yes ❒ No Can person make the trip unassisted? If not, who will accompany?

❒ Yes ❒ No Does the person have any seating requirements or preferences?

❒ Yes ❒ No Is a wheelchair or walker required at the destination?

❒ Yes ❒ No Is oxygen needed for the trip and can mode of transportation handle it?

❒ Yes ❒ No Is payment required for specific trips?

❒ Yes ❒ No Is transportation arranged for the return trip?

❒ Yes ❒ No Is someone scheduled to meet and assist the person when he or she returns?

❏ Yes ❏ No   Will the person be required to take medications or personal items with them?

❏ Yes ❏ No   Does the transporter have emergency contact information available?

Other transportation concerns: _____

_____

_____

Date this form was completed: _____

Important Medical Information

This resource organizes all important medical information in one location. The primary caregiver should ensure this information is accurate and current. Some communities promote the "Vial for Life" which includes this type of information. Contact your nurse or physician for more details.

Name of Person: _____ Date of birth: _____

Emergency Contacts:
Hospital phone: _____ Clinic phone: _____
Pharmacy: _____ Other: _____

Name of primary physician: _____ Phone: _____
Names of other physicians: _____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Name of therapists: _____ Phone: _____
Name of therapists: _____ Phone: _____

Names and professions of other medical personnel:

Name	Profession	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Blood type: _____

❏ Yes ❏ No   Has a Do Not Resuscitate (DNR) order been signed?

❏ Yes ❏ No Has an Advanced Directive been created?
If so, where is it located?: _____

Who is the Power of Attorney for Health Care? _____

_____

Home Phone: _____ Cell: _____

Who is the alternate Power of Attorney for Health Care?

_____

Home Phone: _____ Cell: _____

List of Medications:

Medication	Purpose of Medication	Frequency and Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Attach separate sheet if needed to list additional medications]

Persons responsible for administering medications: _____
_____

Known Allergies: _____

List of important health-related events (recent surgeries, accidents, change in medications, etc.): _____
_____
_____
_____

Appendix A

Date this form was completed: _____

Emergency Contact List

Name of Hospital: _____ Phone: _____

Name of Clinic: _____ Phone: _____

Ambulance Company: _____ Phone: _____

Name of Physician: _____ Phone: _____

Name of Pastor: _____ Phone: _____

Other: _____ Phone: _____

Family Members to Contact (in order of preference):

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Friends to Contact:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Calling Tree for _____

The intent of this form is to help coordinate communication among the various people involved with this program.

```
┌─────────────────────────────┐
│ Group Leader's Name:        │
│                             │
│ Phone:                      │
└─────────────────────────────┘
┌─────────────────────────────┐
│ Group Leader's Name:        │
│                             │
│ Phone:                      │
└─────────────────────────────┘
┌──────────────────────┐   ┌──────────────────────┐
│ Secondary Person's   │   │ Secondary Person's   │
│ Name:                │   │ Name:                │
│ Phone:               │   │ Phone:               │
└──────────────────────┘   └──────────────────────┘
```

Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:
Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:
Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:	Person's Name: Phone:

NOTE: The responsibility of each person on this list is to receive any information or updates and pass the message to the next person on the list. If your assigned person does not answer the phone, call the next person on the list to ensure the message continues down the line. If you get an answering machine, leave a message and phone the next person on the list until you get a live voice.

Appendix B

Scheduling Forms

This monthly form is helpful in coordinating schedules for individuals who wish to help it helps to maintain clear communication with the family regarding those volunteering in the coming weeks.

The monthly schedule allows people to sign up or be assigned in advance. The person responsible for the schedule should make copies of the master (on the following page) and fill in the name of the month and the numbers to correspond to the appropriate days of the week. It is a good idea to include a few days from the previous and following months for continuity. There are two lines for each day which allows people to sign up for either an A.M. or P.M. shift. You will see on this sample that some people sign up for a regular shift on a particular day, some people take a full day, some people sign up for only one day a month, and others are random. This flexibility can work effectively if the primary caregiver is fully involved with the scheduled process.

The team leader or a family member is responsible to organize the volunteer sign-up, to transfer the information to the weekly schedules, and to post the schedules in a prominent location.

Month: _____ April _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 _____ _____	30 _____ _Bonnie_	31 _____ _Lucy_	1 _Sue_ _Rick_	2 _John_ _____	3 _____ _Eric_	4 _Sandy_ _Alice_
5 _____ _____	6 _Jim_ _____	7 _____ _Lucy_	8 _Sue_ _____	9 _____ _John_	10 _____ _____	11 _____ _____
12 _____ _____	13 _____ _Bonnie_	14 _____ _Lucy_	15 _Sue_ _____	16 _____ _____	17 _____ _____	18 _Sandy_ _____
19 _____ _____	20 _____ _Jim_	21 _____ _Lucy_	22 _Sue_ _____	23 _____ _Sally_	24 _____ _____	25 _Jan_ _Jan_
26 _____ _____	27 _____ _Jim_	28 _____ _Lucy_	29 _Sue_ _____	30 _____ _John_	1 _____ _____	2 _Sandy_ _____

Appendix B

Volunteer Montly Schedule for: _____

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Appendix B

This weekly schedule should be completed in advance of each week during which volunteers are scheduled to help. If a volunteer is responsible for a certain task, include that information with the name of the volunteer.

It is a good practice to post the current week's schedule, as well as the schedule for the following one to two weeks. This promotes advanced planning and better coordination among the various volunteers.

Week of: __April 12-18__

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 A.M. 8 A.M.							Sandy
8 A.M. 9 A.M.				Sue			Sandy
9 A.M. 10 A.M.				Sue			Sandy
10 A.M. 11 A.M.				Sue			Sandy
11 A.M. 12 P.M.				Sue			
12 P.M. 1 P.M.				Sue			
1 P.M. 2 P.M.		Bonnie					
2 P.M. 3 P.M.		Bonnie					
3 P.M. 4 P.M.		Bonnie					
4 P.M. 5 P.M.		Bonnie					
5 P.M. 6 P.M.							
6 P.M. 7 P.M.			Lucy				
7 P.M. 8 P.M.			Lucy				
8 P.M. 9 P.M.			Lucy				
9 P.M. 10 P.M.							

On the following page is a master form that can be copied and filled in for each week during which people are scheduled to help.

Appendix B

Volunteer Montly Schedule for: _____

Week of: _____

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 A.M. 8 A.M.							
8 A.M. 9 A.M.							
9 A.M. 10 A.M.							
10 A.M. 11 A.M.							
11 A.M. 12 P.M.							
12 P.M. 1 P.M.							
1 P.M. 2 P.M.							
2 P.M. 3 P.M.							
3 P.M. 4 P.M.							
4 P.M. 5 P.M.							
5 P.M. 6 P.M.							
6 P.M. 7 P.M.							
7 P.M. 8 P.M.							
8 P.M. 9 P.M.							
9 P.M. 10 P.M.							

Volunteer Information Sheet

This form may be shared with potential volunteers. The intent is to offer the potential volunteer a list of jobs and a brief summary of the specific needs of the family.

A potential volunteer will feel more comfortable in committing time and effort to this program they clearly understand what is expected.

This form should be completed by the family and specifically by the primary caregiver. Include a variety of projects and needs so that potential volunteers have choices that appeal to their interests and match their talents.

Name of patient: _____ Primary Caregiver: _____

Briefly list patient's physical condition: _____

Briefly list patient's mental condition: _____

_____

Briefly list your concerns about certain people or practices: _____

_____

Check any of the following items for which you would like help from a volunteer:

❐ Reading (devotions, Bible, etc.)
❐ Discussing news stories/current events
❐ Playing music
❐ Playing games (checkers, cards, etc.)
❐ Helping to organize personal items
❐ Helping with housework
❐ Doing minor repairs
❐ Shopping
❐ Making phone calls
❐ Helping with basic hygiene needs
❐ Working together on crafts
❐ _____
❐ _____
❐ _____
❐ _____

❐ Reading poetry or other literature
❐ Talking about sports
❐ Working on a computer
❐ Helping with exercising
❐ Organizing filing system/paperwork
❐ Helping with yardwork
❐ Providing transportation to
   church, store, doctor
❐ Joining for a walk
❐ Providing basic massage
❐ Just sitting and listening
❐ Helping to write letters
❐ _____
❐ _____
❐ _____

Appendix B

Volunteer Duty LIsting

This form is valuable for volunteers who want a list of jobs to accomplish during their volunteer time. The primary caregiver or a team coordinator should fill in the duties for the day. The volunteer may check off the items as they are accomplished. This helps the primary caregiver or other volunteers to know which activities/duties have been completed.

The box should be checked when the activity/duty has been completed. The volunteer should place his/her initials on the short line so the primary caregiver is aware of which person completed the effort. This is a sample form to show its intended use. A blank master form is available on the next page that can be duplicated and used by the primary caregiver.

☑ Make sure morning medications are taken   _JS_

☑ Eat breakfast   _JS_

☑ Read a chapter of the Bible   _JS_

☑ Watch 30 minutes of news on TV   _JS_

☑ Get out of bed and walk around for at least 5 minutes   _JS_

☑ Help with a crossword puzzle   _JS_

☑ Eat lunch   _JS_

☑ Put dirty dishes in the dishwasher, but don't start it   _JS_

❑ Weather permitting, take a 20 minute walk outside   _____

❑ Play checkers or one of the board games   _____

❑ Eat supper   _____

❑ Read evening devotion   _____

❑ Make sure evening medications are taken   _____

❑ _____   _____

Appendix B

Volunteer Duty Listing for: _____

Volunteer Duty LIsting

When an activity on this list has been completed, please place a mark in the box on the left and write your initials on the short line on the right. This will help maintain accurate records and good communication among the various volunteers and the primary caregiver.

❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

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❑ _____ _____

❑ _____ _____

❑ _____ _____

❑ _____ _____

Support Pack for Primary Caregivers

Primary caregivers are under constant pressure to care for their loved one. This program is designed to provide periodic relief for the primary caregiver through a variety of methods.

One way to show support for the primary caregiver is to offer a "care package" to them. These care packages include a variety of spiritual and personal items that show you are thinking about the caregiver. Although the items in the care package are relatively inexpensive, the message you convey is powerful and positive. The following paragraphs may help you as you create a package.

Start with a bag or some other container to hold the items. Have the children in your Sunday school or Christian elementary school create artwork to decorate the container. The artwork should be colorful and positive.

Select a variety of items to be placed in the care package. Along with the selected items, include a short explanation as to the reason you included each item. Here are some suggestions of items and their descriptions that may be included.

Pamphlet or devotion book – As a primary caregiver, you need encouragement and strength from the Bible. These short devotions are a great way to stay connected with God's Word on a daily basis.

Bottled water – You are certainly busy, but don't forget to take time for yourself. This water is given to you as a reminder that you cannot ignore your own personal needs.

Energy bar – You need your energy to maintain such a busy schedule. This energy bar will help you meet the physical challenges as a caregiver.

Sanitary hand wipes – Primary caregivers need to be aware of germs and communicable illnesses. Keep this pack of wipes available to help you maintain the cleanliness you want and need.

Tissues – There is therapy in crying, and caregivers should not be afraid or embarrassed to cry periodically. This box of tissues is provided to let you know that we think it is okay to cry. Hey, even Jesus cried.

Greeting card – No special words need to be included with this. The caregiver will appreciate your thoughtfulness and the card might be kept on a dresser or desk as a continual reminder that people care.

Movie tickets – A special night out is not something you get to enjoy very often, but we want to give you a special opportunity with these tickets. Choose a friend to join you, and we'll come to the house and give you a night off. A night to relax may help you meet the daily challenges as a primary caregiver.

Notebook and pen – Taking notes is a daily occurrence for you. This notepad and pen are included to help you record your notes and keep track of details. Every time you use the notepad, remember that people care about you and want to support you in your role as caregiver.

Candy bar – Everyone knows that chocolate is a great comfort food. We want you to enjoy this small treat, and we also want you to know that our prayers are with you.

CD of pastor's sermon – Getting to church is difficult when you are a caregiver. We care about you and your spiritual growth. This CD includes one of pastor's sermons that we think will give you strength and encouragement.

Gift card – We recognize that you give a lot to your loved one. This gift card is our way of showing that you should receive something once in a while too.

Prepared meal – Planning and preparing a full meal is difficult when you are the primary care giver. This prepared meal is our way of giving you a night to simply enjoy a meal rather than having to make the meal.

Scented candle – The glow of a candle's flame is a symbol of God's love and the aroma reminds you that you are special.

Music CD – Take some time to relax and enjoy the music. This CD is a reminder that people care about you and are praying for you.

Bag of groceries – We realize that you don't always have time to go shopping, so this bag of food should help you stock your shelves and relieve you of one routine.

Flowers – You are such a wonderful witness in the way you provide care for others. A bouquet of flowers is a nice reflection of your beautiful love and compassion.

Support Pack for Primary Caregivers

Once the members of a Caregiver Support team have completed their work, it is beneficial to review and evaluate their experiences. These experiences may be implemented by future teams to improve the overall program. The opportunity to talk at the end of the experience is also beneficial for those who served.

The following form may be used to evaluate the caregiver support process. As with the other documents, this form may be modified if necessary.

Consider distributing the forms to the team members in advance of a meeting. Each team member can consider the questions and formulate some thoughts before attending the meeting. This method encourages deeper thought and thorough responses to be discussed in the group.

At the meeting, the leader should loosely follow the form, but allow for open discussion as well. Although the main goal of the Caregiver Support Program is to assist the primary caregiver, team members will also grow spiritually. An evaluation meeting is a good time to share those stories.

After the meeting, the leader should summarize comments into a final report. Share the report with the pastor and with other appropriate congregational leaders. Also share the main points with future team leaders so there is overall growth within the program.

Caregiver Support Program
Evaluation Review Form

Patient's Name: _____ Caregiver's Name: _____

Dates of Caregiver Support Program Involvement:

Start Date: _____ End Date: _____

Team Leader's Name: _____

Your Name: _____

Rate your experience in each of these categories:

	Agree	Disagree	No opinion/ Didn't apply
1. I made a valuable contribution to the team	❑	❑	❑
2. My service truly helped the primary caregiver	❑	❑	❑
3. The team clearly understood its role	❑	❑	❑
4. Our team communicated well	❑	❑	❑
5. I grew spiritually from this experience	❑	❑	❑
6. I felt equipped to handle my role	❑	❑	❑
7. The CSP materials are clear	❑	❑	❑
8. The CSP materials are practical	❑	❑	❑
9. I would volunteer for a CSP team again	❑	❑	❑
10. I would request a CSP team for myself	❑	❑	❑

Answer these questions based on your experiences:

11. Briefly describe your greatest fear: _____

_____

_____

2. Briefly describe your most memorable experience: _____

_____

_____

13. Briefly describe your greatest negative experience:_____

_____

_____

14. Explain any parts of the program that you would change: _____

_____

_____

15. List parts of the program that definitely should not change: _____

_____

_____

16. What was the most rewarding experience for you personally: _____

_____

_____

17. Why you would volunteer for a team like this in the future: _____

_____

_____

18. Why you would not volunteer for a team like this in the future: _____

_____

_____

19. Should our congregation continue this program?   ❏ Yes   ❏ No

Why or why not _____

_____

_____

![WELS — Christ's Love, Our Calling.]

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