



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

Dear Applicant,

Thank you for your interest in the Chinese American Coalition for Compassionate Care's (CACCC) 6<sup>th</sup> 30-hour Hospice & Palliative Chinese Volunteer Training Program in NY. Training will be conducted in Chinese and English.

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 and are willing to be a hospice and palliative volunteer in NY for at least one year thereafter.

**Training Dates: Saturday – Tuesday, July 27, 28, 29 & 30, 2019, 8:30 AM - 4:30 PM**  
**Training Location: CAIPA, 136-33 37th Ave., Suite 2D, Flushing, NY 11354**

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 [info@caccc-usa.org](mailto:info@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](http://caccc-usa.org) or email: [info@caccc-usa.org](mailto:info@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 New York Training and mail it to CACCC, P.O. Box 276, Cupertino CA 95015.

We look forward to hearing from you soon.

Sincerely,

Shirley Pan  
Director, CACCC  
(626)277-5775

Sandy Chen Stokes, RN, MSN  
Founder, CACCC  
(916) 835-4007

Sue Lee  
CACCC NY Volunteer Lead  
CAIPA Community Ambassador  
(929) 259-0176 / [slee@caipa.net](mailto:slee@caipa.net)

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*Building a community in which Chinese Americans are able to face the end of life with dignity and respect*



## New York CACCC 30- Hour Hospice & Palliative Care Chinese Volunteer Training Application Form

### CACCC Member and Volunteer Information

Date: \_\_\_\_\_

English Name (with degrees/titles): \_\_\_\_\_

Chinese name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

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 (Answer in English or Chinese)

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.)

English:

Mandarin:

Cantonese:

Others:

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 and become a hospice and palliative care volunteer for at least one year after completing my training.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

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

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