



## Volunteer Connections

**Agency / Business Name**

WOODHAVEN VOLUNTEER HOSPICE

**Contact Name**

Renee Beddingfield

**Address**

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**City, State, Zip**

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**Website****Brief description of your agency / business**

Woodhaven enables terminally ill individuals to live the remainder of their lives with minimal suffering, maximum self-sufficiency and dignity. Our Hospice mission is to enhance the quality of life for each patient and to bring control back to the family members.

### **What kinds of volunteer opportunities do you have to offer?**

Please describe each opportunity, the number of volunteers needed for each opportunity, the number of hours involved, frequency (e.g. daily, weekly, monthly, occasionally, etc.), qualifications, and any other pertinent information a potential volunteer would need to know.

Name of volunteer opportunity: <b>WOODHAVEN VOLUNTEER</b>
Description of opportunity: To work with the terminally ill <> Office or Fund raising
Number of hours involved: 1, 2, or 3 weekly
Frequency: Depending on our patient count
Qualifications: A desire to provide loving care to the patient and support of family members.
Other information: Volunteer desiring to work with terminally ill receives 24 hours of training (8 three hour sessions and continued support from Woodhaven).