

## A VOLUNTEER OF THE SEVENTIES

by  
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Of course, I am honored to be here and to be the voice of the volunteer—representing perhaps thousands of in-service and potential volunteers in your agencies.

Now this is a tall order . . . truly no man or woman, under these circumstances, can honestly speak for others. But from my experience of twenty years as an active in-service volunteer and five years as a volunteer coordinator of volunteers, I will tell you what I have learned and observed.

In the first place, as we know, the whole concept of volunteerism has changed from the days of Lady Bountiful.

We now have a very sophisticated, disciplined function. Volunteerism has become a way of life, and members of the community feel that they have a right to the experience of being a volunteer.

In addition to the school child, the teenage, the college student to the adult business man and woman, housewife and—most recent addition—the disadvantaged person and the ever-larger growing group of retired people, we also have today the patient as a volunteer.

With a glow of satisfaction, I remember, sixteen years ago when I cooperated with the medical director of the Westchester Division of the New York Hospital, and at his request, instigated the first program in White Plains to allow patients at the New York Hospital to become volunteers at a rehabilitation center, which is also in White Plains—a hospital treating muscular, physical and cardio-vascular disorders. From this start, the patient volunteer program from the New York Hospital has continued successfully and expanded to many other agencies in the area.

We know, therefore, that volunteerism is in action everywhere. It has expanded from the field of health, education and welfare to government, law enforcement, business, and industry, to mention some. Necessarily, then, these volunteers must be professionally coordinated.

Now let us come back to us—right here—today. Let us view the volunteer seeking fulfillment and guidance from the coordinator working in the field of mental health and rehabilitation. To do this, I am going to Role-Play.

I will be that volunteer. Call me Jane Q. Volunteer. I have perhaps gone to a volunteer service bureau to seek counsel in finding a suitable agency and I am sent to your agency for an interview.

The first thing that confronts me is the intake interview form. For the average person, this is routine. We are a form-oriented nation, anyway. But let us assume I am a person from a disadvantaged neighborhood who is not too happy filling out forms. Please help me—without making me feel inadequate. Many wonderful volunteers have been “turned

off" by some of our bureaucratic ways.

Now, I want to choose where I am going to work, if possible. I have capabilities and would like to utilize them. I feel that if I am happy and I am enriched by my volunteer experience, the patients and staff will benefit immeasurably. They will be receiving the best that I have to give and will not be confronted by a square peg in a round hole—which would make me an irritant to staff and a bad reflection on your ability to place a competent volunteer.

To accomplish all of this, we must have a good rapport. I must have confidence in you as a coordinator. You must give me the opportunity to tell you what my preferences are. I must let you know my potential; you must give me the opportunity to speak to you about myself. And then you must have the acumen to place me wisely. This, I believe, is one of the requisites of a qualified, trained coordinator—to Jane Q. Volunteer. Countless times, a volunteer's special abilities have started whole new ancillary services, because the coordinator was able to recognize talent and put it into action.

Perhaps my orientation spells the difference between success and failure. To know and understand what is expected of me and what I must expect to encounter, I must be guided. If I am an average person and have enjoyed or accepted classroom teaching, your scheduled program of lectures and reading material will be received as prescribed. I must be encouraged to refer to the orientation rules and regulations of the agency from time to time. In our enthusiasm, we all seem to become lax and tend to forget them. But, as my medical director, Dr. Francis Hamilton, says, "Let us run a tight ship."

However, if—as a new volunteer—I resent or avoid the orthodox methods of orientation because of bad or unhappy school experience, please use new methods of communicating with me. Perhaps we can do this in an informal group setting.

Now, I—Jane Q. Volunteer—start on my assignment. There will be times—especially in the beginning—when I will have misgivings . . . feelings of frustration and inadequacy. New volunteers, working with patients, do become very confused and fearful at times, and it takes a time to begin to understand the patients, the treatment, the staff, and yourself in this new setting. I may be reluctant at first to speak to the staff of my confusion and uncertainty. And so I will come to you, the coordinator. You are my sounding board. I need your reassurance, support and guidance.

Do I detect waves of exasperation from coordinators who have hundreds of volunteers to deal with?

I am sure it is impossible for you to be all of these things to all people. But please supply the volunteer with a competent surrogate. One of the most important needs of the volunteer is continuity in supportive advice and counsel from the supervisor.

Let me get back to Jane Q. Volunteer. After working successfully for a while, I want the privilege of growing at my work. I may become bored with the sameness of the work, or I may envision new concepts and want the opportunity to try them out. Again, I must speak to the coordinator. Perhaps the coordinator will approach me with ideas of diversified experience.

We speak of ways of recruiting and keeping volunteers. A successful, grateful and fulfilled volunteer will not leave a post, but will bring others to the agency. As Jane Q. Volunteer, my experiences have been so gratifying that I want to share my joy with everyone, as I bask in the sunshine of the smiles of the patients and staff. So I become a public relations department of one. I elicit the ear and the imagination of everyone who will listen to me. This is very important for the agency and for the patients who will ultimately be going out into the community. It helps to involve the community and prepare it for the recently discharged patient.

As I have said before, each volunteer is an individual. We each have different life experiences so that our responses and ideals and objectives vary. The student, perhaps, is testing a career in the field of health or welfare. The adult may be satisfying a long-desired affiliation with nursing or medicine. Many of us just need to be needed. We strive for a good self image, and by volunteering our service we see an appropriate way of finding it or proving it.

We must satisfy the urgent pressure of obligation to society and our fellow man. What better way than to serve, help, support and be a member of the team that tries to alleviate the pain and frustration that human beings impose upon each other?

As volunteers, we look for a coordinator who is a warm human being and sensitive to our needs, who has the knowledge and ability to build an enriched service program that we can serve—and who has the far-sightedness to allow us to help expand that program.

Now, in true schizophrenic fashion—so that you will all feel at home—we will leave Jane Q. Volunteer.

I, Jeannette Vitkin, will take her place and will speak to you from my personal experience. Perhaps you would like to know what I have been doing at the New York Hospital for nearly three years: as a volunteer three days a week, practically everything within reason. From selling candy and notions from the buymobile to acting as receptionist at the front desk or escorting families of potential patients to view the hospital. But my duties are now as part of the team on a hall of male patients. I play an active role at the patient staff and staff meetings. I am in a unique position. The staff considers me staff. But the patients consider me—as they have said—“A friend . . . one of us.”

My other service, which is most unusual for our hospital, started over a year ago with me as the first volunteer in the EST Department. Here

my coordinator allowed me the privilege of trying to bring something to EST that had never existed before. Understandably the atmosphere was tense. I felt there was a need for change and it has worked miraculously. We now have soft music and the atmosphere is lighter. The charge nurse, anesthetist, doctor, and aide all accept this new atmosphere and like it. We are a team. We work in perfect harmony. I bring in the patient with smiles and conversation. The patient feels the absence of tension and is not as apprehensive as formerly. My presence is respected and has become a vital part of the procedure. I do not look for gratitude but it is wonderful to hear a member of the staff say, "Thank you. I do not know what I would have done without you today."

A time limit of fifteen minutes is a cruel blow to a woman who has a captive audience. But I must tell you one story that will explain why, I think, I was asked to speak to you today. After all, why me?

I have not worked as a volunteer for forty years as some volunteers have, and so it must be my courage. I have proved my courage by coming here today and daring to speak to you in the manner I have.

Mrs. Phillips, my coordinator, who is my constant support knows that I am courageous. Because she heard tell that the first week of my volunteer service at the New York Hospital nearly three years ago, I was walking along the ground floor corridor when I came face to face with a live squirrel. He was sitting on the carpet. Believe me, we were both surprised. I had to make a very quick decision—catch him, I must. So, I went into an office filled with psychiatrists at a meeting. "Excuse me," I said. "Would you help me? There is a squirrel in the corridor." This took courage—believe me—and it has ever since. Because there was no squirrel there when they followed me out. I get the strangest looks from these doctors whenever we meet. A sort of—Is she? or Isn't she?—look.

Only her coordinator knows for sure.