



Volunteer Application

Personal Information

Name: _____ Date of Birth: ____/____/____
 Complete Address: _____
 Daytime Number: _____ SSN: _____ Email: _____
 Do you speak another language other than English? Language _____
 Do you have access to transportation? ___yes ___no
 Emergency Contact: _____ Phone Number: _____

Identify Areas You Are Interested in:

___ Direct Patient and Family Care ___ Office/ Clerical Work
 ___ Bereavement Services ___ Other: _____
 ___ Non-patient sSrvices

When are you available for volunteer assignments?

__ : __ to __ : __ Monday __ : __ to __ : __ Thursday
 __ : __ to __ : __ Tuesday __ : __ to __ : __ Friday
 __ : __ to __ : __ Wednesday __ : __ to __ : __ Saturday ___ Anytime

How did you hear about Accord Hospice Services? _____

Work and Training Experience

Employer: _____ Occupation: _____
 Education/Training: _____

Work/ Volunteer Experience: _____

List any interests, hobbies, special education or talents: _____

What do you hope to gain from volunteering? _____

Explain and experience you have had with death/dying process, or caring for someone with a terminal illness/ condition: _____

References

Name: _____ Phone: _____
 Address: _____
 Name: _____ Phone: _____
 Address: _____



CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting Accord Hospice is confidential and that this confidentiality is protected by the policies of Accord Hospice. I interpret "Volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures. I promise to take to my work an attitude of open-mindedness; and, I am willing to continue my education in the field through inservices offered to volunteers. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to the community and to those for whom it is done.

I accept this Code for the volunteer as my Code, to be followed with care and compassion. Declaration I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Accord Hospice. I affirm and represent that I have automobile collision and liability coverage with in the amounts required by The State, and will notify my insurance company as primary provider if I use my automobile in the scope of my volunteer duties with Accord Hospice. I understand this information will be held in the strictest confidence.

Signature

Date