



**Volunteer Orientation And File Checklist**

Name of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Documents And Forms**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Volunteer Application      | <input type="checkbox"/> Interview/Reference Form                       | <input type="checkbox"/> Job Description         |
| <input type="checkbox"/> Employee Health Evaluation | <input type="checkbox"/> Interest Form                                  | <input type="checkbox"/> Tb Test (2 Step PPD)    |
| <input type="checkbox"/> Driver's License           | <input type="checkbox"/> Hepatitis B Vaccine Statement with Declination |  |
| <input type="checkbox"/> Car Registration           | <input type="checkbox"/> Drug/Alcohol Screen Form                       | <input type="checkbox"/> Car Insurance           |
| <input type="checkbox"/> HIPAA Agreement            | <input type="checkbox"/> CPR/First Aid Card                             | <input type="checkbox"/> Equipment Checkout Form |
| <input type="checkbox"/> Volunteer Handbook Policy  | <input type="checkbox"/> Competency Evaluation                          | <input type="checkbox"/> Background Check        |

**Orientation And Training**

- Classroom Training Course
- HIPAA Training
- OSHA Training (Blood Borne Pathogens, TB, Infection Control)
- Training Evaluation
- Documentation Training
- First Initial Visit with Patient and Volunteer Coordinator

Once all tasks are completed, please sign and return to the Volunteer Coordinator to verify completion.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Gifts, Donations, Flowers, And Funerals**

- You cannot accept payment for services or gifts of appreciation.
- Please do not purchase any out-of-pocket gifts, items, or other goods; if you find that something is needed for a patient or family, reach out to the Volunteer Coordinator.
- If invited to attend, volunteers are allowed and encouraged, but not required to attend funerals, celebrations of life, or other services honoring patients they have worked with.
- If a patient or family member or caregiver would like to make a monetary donation, they can mail the donation to:

### **Volunteer Commitment And Confidentiality Agreement**

I agree to serve as a Hospice Volunteer with All Care Hospice. I understand the act of volunteering means a commitment to our hospice program. You will be promising to do specific work, and your agreement to do this without compensation will not change the fact that our staff and patients will be depending on you.

1. I affirm that I have read and agree to and abide by the above statement.
2. I have read the Volunteer Job Description and I can complete all requirements and uphold the expectations set forth in the responsibilities.
3. I understand that an interview and volunteer training is required by every applicant.
4. I understand that I will have to obtain a criminal background screening and a TB skin test, at no cost through All Care Hospice. I am also required to obtain a CPR certification at my own costs within 30 days of my volunteer start date.
5. I understand that I am required by Medicare to submit a copy of my driver's license, car registration and car insurance. If these expire during my volunteer time, I will provide the office with an updated and current copy.
6. I understand that as an All Care Hospice volunteer, I must show compassion, respect, and professionalism to all team members, patients and families and caregivers.
7. I must provide advance notice of resignation or change to inactive status, as well as participate in an exit interview.
8. I certify that the statements made on the 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 character, volunteer service, and public records for the purpose of determining my suitability as a volunteer.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_