

CONFIDENTIALITY AGREEMENT

All information I received whether obtained by:

1. direct contact with patient,
2. exchange of information during team conferences
3. patient and family records

is to be held in strict confidence to protect the rights of all patients and families.

I, _____ hereby agree by signing below, that I have read this document, understanding its full meaning, and promise to adhere to the confidentiality agreement described above.

Date

Volunteer Signature

TRANSPORTATION AGREEMENT

I understand that if I drive as a part of my employment or volunteer service, I will maintain a valid driver's license and the state-required automobile insurance.

Date

Volunteer Signature

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 the hospice is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Policies and Procedures.

DECLARATION

I hereby certify that 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 and character for the purpose of determining my suitability as a volunteer. **I affirm to have read the Code of Ethics for Volunteers and agree to abide by its regulations. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.**

Date

Volunteer Signature