

BON SECOURS HOSPICE VOLUNTEER AVAILABILITY FORM

Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Fax _____
 Cell Phone _____
 E-mail _____

Where & when do you prefer to be called? _____
 How far will you travel? _____ maximum miles one way

Where will you travel?

Peninsula

Newport News _____ Hampton _____ Gloucester _____
 Williamsburg _____ Grafton _____ Fort Eustis _____
 Yorktown _____ Poquoson _____

Southside

Norfolk _____ Virginia Beach _____ Chesapeake _____
 Suffolk _____ Portsmouth _____ Carrolton _____
 Franklin _____ Smithfield _____

Type of Hospice work:

Home visits _____ Nursing Home Visits _____
 Bereavement _____ (additional training required)
 Office Work _____ Special Events* _____

*Special Events volunteers bake goodies for bake sales and meetings; help set up for meetings, get-togethers, events; make phone calls to other volunteers, and other miscellaneous items.

Days and Hours Available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Other Specific requirements and/or limitations (neighborhood, patient or family condition): _____

Unavailable from: _____
 (Be as specific as possible. Dates, of course, can be altered as circumstances change.)

Volunteer Application

Name of Applicant: _____ Birthdate: (for birthday card list only) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Can you receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: _____

Address: _____

Education/Special Training: _____

Work Experience: _____

Three Personal References (**excluding family members**) Please provide a complete address, as references are verified by mail.

	Name	E-mail or Home Address	Phone
1			
2			
3			

Identified Areas of Interest:

Patient/Family Care

Non-Patient Services

Do you know any languages other than English?

Language _____ Speak Read Write

Language _____ Speak Read Write

Other Special Services: (*manicurist, hairdresser, masseuse, etc.*)

How did you hear about our volunteer program? _____

Why do you want to be a hospice volunteer? _____

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 BON SECOURS HOSPICE IS CONFIDENTIAL

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.

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.**

Applicant Signature _____

Date _____

**Permission For Use of Photographs
and/or Videos**



BON SECOURS HOSPICE
Bon Secours Hampton Roads Health System

I, _____ give my permission to allows photographs and/or videos to be taken of myself by a representative of Hospice.

I understand that this may include individual photographs, group photographs, and/or videos participating in Hospice related activities.

I understand that all photographs/videos will be taken unobtrusively and tastefully.

I understand that these photographs/videos may be used for publicity purposes (to increase community awareness about hospice), and may be included in future brochures, health fair displays, video presentations, the Hospice newsletter, the medic, and published materials.

I understand that my name will not be used, and/or revealed in connection with the use of these photographs and/or videos, unless I have given my specific consent as written below.

Please check and initial the appropriate line:

_____ I give the consent to use my name in connection with the photographs/videos taken.

_____ I **do not** give my consent to use my name in connection with the photographs/videos taken.

In my own behalf, I relinquish and give to Hospice all rights, title, and interest that I may have in the finished photographs, negatives, reproductions, videos, and copies of the original prints and negatives and further grant Hospice the right to exhibit the videos, negatives, original prints and copies or facsimiles for advertising purposes.

Volunteer Signature

Date

Print Name

Parent Signature (if under 18 years of age)

Date

HIPAA

HIPAA is an acronym for Health Insurance Portability and Accountability Act. HIPAA is a federal law enforcing patient confidentiality and how a health care provider may use or disclose a patient's information. This law went into effect on April 14, 2003.

HIPAA affects all Bon Secours employees and volunteers who come into contact with protected health information (PHI) that is individually identifiable. Individually identifiable information is information created or received by anyone at Bon Secours Hospice either electronically or in person that relates to the past, present or future physical or mental health condition of an individual. Examples of individually identifiable information includes patient's name, diagnosis, procedure, dates of service, address, telephone number and any other information someone could use to identify a patient. **This means that you cannot tell anyone (friends, neighbors, church members, fellow volunteers, staff-anyone) that someone is a patient with Bon Secours Hospice without the patient's consent.** We must be very careful how we transmit and disseminate patient information regarding the patients we serve.

Any breach of patient confidentiality is potentially punishable by fines to Bon Secours and possibly to the individual responsible.

Please sign below to indicate that you understand that you understand that you must abide by HIPAA regulations and preserve protected health information at all times.

Signature

Date

05/07/07

**BON SECOURS HOSPICE
VOLUNTEER PROGRAM**

CONFIDENTIALITY AGREEMENT

General: Keep all information related to patients and families in hospice care in strictest confidence. I understand that I will be provided with adequate information regarding the patient's status so that I will be an informed member of the hospice team. Furthermore, I will provide written reports on my activities in relation to services I provide to patient/families assigned to me. I understand that breach of confidentiality is considered a serious offense and may mean dismissal from the program.

Maintaining Confidentiality and Privacy: Bon Secours Hospice Staff and Volunteers need to protect the privacy of the families with whom we work. For instance:

- Keep the name of your Hospice family to yourself and never reveal any information about the family that might cause someone listening to be able to identify who you are talking about.
- Keep private anything you know about the family from anyone else who may ask you about you Hospice work.
- Get the okay from the patient or family member before sharing anything with another family member.
- When you visit your patient, introduce yourself to people who call or visit as a friend, not a Hospice Volunteer, unless the patient or family says it is acceptable to do so.
- Talk about any questions or problems only with members of the Hospice team.

I understand that as a volunteer for Bon Secours Hospice, I must agree to respect the privacy and confidentiality of all Hospice patients and families.

Volunteer

Date

Volunteer Coordinator

Date

BON SECOURS HOSPICE

VOLUNTEER CONTRACT

I, _____, do hereby pledge to abide by the following rules and agree to the following commitments/responsibilities when I am engaged in any activities as a Volunteer Staff Member for Bon Secours Hospice.

1. Keep all information related to patients and families in hospice care in strictest confidence. I understand that I will be provided with adequate information regarding the patient's physical status and family dynamics so that I will be an informed member of the hospice team. Furthermore, I will provide written reports on my activities in relation to services I provide to patient/families assigned to me. I understand that breach of confidentiality is considered a serious offense and may mean dismissal from the program.

2. Keep regular contact with the volunteer staff whenever I am involved with providing direct service to hospice patients and families, By the same token, I understand that members of the hospice professional staff will be available to me for consultation.

3. Conscientiously keep accurate records on all contacts with patients or their family members. I understand my responsibilities of recordkeeping vary from unit to home to bereavement and I will keep my hours up to date by written report and submit it to the Volunteer Coordinator by the end of each month which I work.

4. Maintain continuous contact with any patient/families assigned to me. I understand that I will not withdraw as a volunteer once I have accepted an assignment without ample notice, and except under extreme circumstances.

5. I will be reliable, and when I am unable to meet an obligation, I will take responsibility to phone the patient/family to advise them immediately.

6. If ever I should feel uncomfortable with a particular request, I may refrain from that task. In return for my volunteer service, I will receive supervision, professional support and recognition for my work.

7. I have read this contract and understand my role in the Bon Secours Hospice Volunteer Program.

Volunteer: _____ Date: _____

Volunteer Coordinator: _____

This contract serves as an agreement between Bon Secours Hospice and the volunteer signing. The goal of the contract is to set forth guidelines to enhance commitment and responsibility upon entrance to the program. After reviewing and signing, it is placed in the volunteer's file.

Bon Secours Hospice

Volunteer Interview

- 1.) What brought you to hospice to volunteer?
- 2.) Have you every utilized hospice or has a friend or family member done so?
- 3.) Have you had a recent death in your family of someone very close to you?
- 4.) How long do you plan on living in this area?
- 5.) What kind of time commitment are you willing to make as a volunteer?
- 6.) What are you thoughts and feelings about caring for someone who is dying?
- 7.) What qualities (skills, talents, knowledge, and experience) do you feel you can incorporate into your hospice volunteer service?
- 8.) List some things you do in your personal life to help you relax: