

Why are you interested in volunteering for hospice? (skip this section, if you are filling out the supplemental questionnaire)

Declaration

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 Hospice Services of Lake County is confidential. I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.

I interpret "volunteer" to mean that I have agreed to work without compensation in money but having been accepted as a volunteer worker.

I agree to respect the confidentiality of any client information I may acquire in the course of my volunteer activities.

Signature _____

Date: _____

For office use only:	Background check	date _____
	Drug screening	date _____
	TB screen reading	date _____
	Orientation	date _____
	Patient Support training	dates _____

6. How do you respond to feelings of helplessness?

7. What gifts do you bring to the patients and families in the Hospice program?

8. What do you hope to gain from this experience?

Applicant's Signature

_____ Date _____