



**HOSPICE VOLUNTEER PROGRAM  
VOLUNTEER AGREEMENT**

**As an EvergreenHealth Hospice Volunteer:**

1. I shall hold as *absolutely confidential* all information that I may obtain directly or indirectly concerning patients, families, doctors, or personnel, and not seek to obtain confidential information from a patient. I shall maintain confidentiality of protected health information (PHI) *in any form*. I understand that PHI includes personal, medical, and/or financial information, as well as photos that will not be shared in any form including social media.
2. My services are donated to EvergreenHealth Hospice without expectation of compensation or future employment.
3. I know that my involvement with the patient and family ends when services are no longer provided by EvergreenHealth Hospice.
4. EvergreenHealth is a public hospital therefore unsolicited religious views may not be expressed to patients, visitors or other staff while performing volunteer service. While on duty, I will not wear nametags of religious organizations.
5. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on EvergreenHealth Hospice or EvergreenHealth Hospital premises, or at the patient's place of residence unless I receive authorization from a volunteer coordinator to engage in these activities.
6. I will be available to volunteer an average of 2 -4 hours per week for one year with the understanding that the need for my own respite at certain times is recognized.
7. In-service trainings and/or other continuing education or support meetings are provided throughout the calendar year, and I will attend as able.
8. I shall keep my health clearance up to date, which includes annual TB screening if I volunteer in Hospice Home Care.
9. I will update and supply copies of required credentials, as specified in my position description
10. I will complete and abide by annual requirements, including self-evaluation, attestations, and review of policies and of the Code of Conduct.
11. I will submit required documentation of my volunteer services, as specified in the position description.
12. I agree to maintain automobile liability insurance and a current driver's license for the duration of my volunteer service with EvergreenHealth Hospice if I drive my car as a part of that service.
13. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality. I shall adhere to the EvergreenHealth dress code.
14. I shall give two (2) weeks' notice before terminating my volunteer position. I will follow rules regarding cancelling or rescheduling my volunteer service. I will give at least one week notice for vacation leave. I understand that a Leave of Absence can be taken for a maximum of one year.
15. If I have unresolved problems related to my volunteer activities, I will follow volunteer grievance procedures, as directed.
16. I shall make my best effort to fulfill my commitment to hospice by completing all assignments that I accept, but I understand that I may request reassignment at any time should I experience unresolved difficulty with an assignment.
17. I shall at all times uphold the philosophy, mission, and standards of EvergreenHealth Hospice and EvergreenHealth Hospital.
18. I understand that the volunteer program of EvergreenHealth Hospice reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospice/hospital policies, rules, and/or regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances that, in the judgment of the volunteer coordinators, would make my continued service as a volunteer contrary to the best interests of EvergreenHealth Hospice and/or EvergreenHealth Hospital.
19. I understand that EvergreenHealth Hospice and/or EvergreenHealth Hospital assume no responsibility for any contact, visits, or services provided by me outside of the responsibilities assigned through the volunteer program of EvergreenHealth Hospice.
20. I understand that my performance will be evaluated for suitability of volunteer assignments on an ongoing basis.
21. I authorize EvergreenHealth to interview me or use my likeness for use in EvergreenHealth publications, marketing pieces, and on the website and Facebook. EvergreenHealth Foundation may contact me regarding the possible use of my story in fundraising materials. I understand that I have the right to withdraw this authorization at any time, except for action already taken, and that such revocation must be in writing.

Name (please print): \_\_\_\_\_

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