

VOLUNTEER AGREEMENT

The mission of Hospice of Marion County, Inc. and Its Affiliated Companies, is to meet or to aid in meeting the medical, psychological, physical, social and spiritual needs of terminally ill persons and their families, and to mobilize other community resources and agencies to meet such needs in Marion County Florida.

Hospice of Marion County, Inc. and Its Affiliated Companies, welcomes you as a volunteer and agrees to do the following:

Provide appropriate training so that you have a clear understanding of your volunteer role(s).
Provide you with regular networking meetings and/or service training.
Provide you with information that is needed to assist you in serving our patients and families.
Respect your right to accept or decline any assignment, or withdraw services from that assignment, at any time, with explanation given to Volunteer Services.

I wish to serve as a Volunteer of Hospice of Marion County, Inc. and Its Affiliated Companies. As a volunteer I agree to do the following:

Make the minimum time commitment of six months of active service.
Respect the patient/family right to confidentiality.
Respect the role of all members of the team.
Report to appropriate staff anything regarding the patient's condition or family situation that needs immediate attention.
Consistently submit the required documentation appropriate to my volunteer assignment.
Contact the Volunteer Services Department if any change occurs in my address, phone number, and availability.
Comply with the regulations of Hospice of Marion County, Inc. and Its Affiliated Companies.

Volunteer

Volunteer Services Representative

Date

Date