



Welcome to Covenant Hospice!

We are pleased that you have chosen to become part of Covenant's Volunteer Program. There are many choices for volunteering in your community and we are honored that you have chosen Covenant. We value our volunteers as one of our most important resources. The organization could not succeed without the support of nearly 2,500 volunteers from across our service areas.

We want to *exceed your expectations* for this experience and to provide *meaningful volunteer opportunities*. Covenant requires initial volunteer orientation and training to prepare you to volunteer and offers on-going educational opportunities. We encourage you to share your skills and interests with us so that we can find the best "fit" for you within our organization.

Covenant adheres to Medicare and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines for hospice volunteer programs. The same requirements apply for employees and volunteers. They include:

- Volunteer Information Form and references
- Criminal background screening
- TB testing for persons that will have contact with patients and families
- Confidentiality and HIPAA requirements

Standards of Performance Excellence (expectations for staff and volunteers)

These requirements help to ensure the safety of our patients, families and volunteers. Individuals that do not complete the required training and screening are not eligible for placement. We know that some people may complete training and then decide not to volunteer and we understand. Covenant considers this as an opportunity to educate community members about end-of-life care.

Please take time to complete and return the attached screening documents right away. Once you have successfully completed training and all screening documents have been processed you will be contacted by your Volunteer Services Manager to discuss opportunities for involvement.

Please let us know if there is anything that we can do now or in the future to serve you, as you serve others. Whether you volunteer one hour a year, or every week, you are a valuable part of the Covenant Hospice team and are helping us fulfill our mission to provide *excellence in compassionate care*.

Sandi Huster
Director, Volunteer Services



VOLUNTEER INFORMATION FORM

Please complete and submit the following information, upon completion of training and receipt of volunteer assignment.

PERSONAL INFORMATION

Title: Mr. Mrs. Ms. Miss Other _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Maiden Name _____ Nickname or Preferred Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell () _____

E-mail _____

Date of Birth _____ (Month) _____ (Day) _____ (Year) Gender Male Female

Marital Status: Single Married Widowed Spouse's Name (if married) _____

Ethnic Background: Caucasian African American Hispanic Asian/Pacific Islander
(Optional, for grant reporting) American Indian/Alaskan Native Other _____

Educational Background: High School Some College AA Degree College Graduate
 Post Graduate Other _____

Military Service: Status: Active Duty Reserve Retired Discharged

Branch: Air Force Army Navy Marines Coast Guard National Guard

Heard about Volunteering for Covenant: Newspaper TV Radio Covenant Website Flyer

Employee (name) _____ Volunteer (name) _____ Other _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone () _____ Home Work Cell

Phone () _____ Home Work Cell

GENERAL HISTORY

Have you ever been convicted of a misdemeanor, felony? Yes No
If yes, please explain:

Conviction of a crime is not an automatic disqualification. All circumstances will be considered, including age at time of offense, whether first offender conviction, seriousness and nature of violation and rehabilitation.

EMPLOYMENT HISTORY

Currently employed? Yes No Retired? Yes No

I am currently employed or have been previously employed by Covenant Hospice Yes No

What is/was your profession? _____ Job Title _____

If you are currently employed, please complete the following:

Place of Employment _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Extension _____ Fax () _____

E-mail _____

May we contact you at work? Yes No

Do you hold a current professional license? Yes No

If yes, please complete: State _____ Type of License _____

License # _____ Expiration Date ____/____/____

Does your employer match your charitable donations? Yes No Don't Know

PERSONAL REFERENCES (please do not list family members)

Name _____ Phone () _____

Mailing or Email Address _____

Relationship to Volunteer _____ Years known _____

Name _____ Phone () _____

Mailing or Email Address _____

Relationship to Volunteer _____ Years known _____

Name _____ Phone () _____

Mailing or Email Address _____

Relationship to Volunteer _____ Years known _____

The information I have provided on this application is accurate to the best of my knowledge. I authorize Covenant Hospice to conduct a criminal background check and to request personal references prior to volunteer placement.

SIGNATURE _____

DATE _____

Covenant Hospice / Covenant Hospice Foundation Confidentiality Agreement & Policy

It is the policy of Covenant Hospice, Inc (hereinafter referred to as “the Company”) that to:

I. PATIENT AND FAMILY CONFIDENTIALITY

a) General/Health Information: All information obtained by the Company about its patients and their families shall be kept confidential. This information shall not be disclosed to any party outside of Hospice and its contractors providing patient care, except in aggregate form and without identifiers, unless there is a written release signed by the patient or the patient’s legally appointed designee, pursuant to Covenant Hospice Health Information Confidentiality & HIPAA Policies. These policies also restrict disclosure of Drug and Alcohol treatment and HIV/AIDS related health information. The only exception to this prohibition on disclosure is that essential information may be disclosed to appropriate agencies for the sole purpose of making arrangements for the patient’s care. This shall be explained to the referring party. Within the Company and contracting organizations, information about patient/family shall be shared only with those individuals who need to know. Questions regarding disclosure shall be referred to the Director of Corporate Health Information, who may forward the question to the Corporate Compliance Officer, President/CEO, Vice-President of Operations or Medical Director. All medical records shall be kept in the health information office, which shall be locked when unoccupied. All materials to be added to the medical records shall be kept in the health information office and shall be filed as soon as possible.

b) Employees/Volunteers: (Hospice and contracting Agencies) Only patient care and supervisory staff, President/CEO, Vice-Presidents of Business and Employee Services and Operations (and their designees) and selected volunteers working in the home care program, the bereavement program, or performing other duties as determined by management may have access to patient health information and patient/family care information, and then, only information necessary for them to carry out their responsibilities. Each board member, employee and volunteer shall sign and receive a copy of this policy at the time of approval or hire. All contracted employees shall sign & receive a copy of this agreement and conformance to this agreement shall be a part of any negotiated contract.

c) Use of Patient/Family Information for Education, Public Information, or Research Purposes: Generally, only aggregate information shall be used for these purposes. If individual case examples are required, all identifying information must be removed so that it is impossible to identify the patient and/or family member, or written release must be obtained.

d) Employees/volunteers who are issued a key, security code/password or any other access to confidential information including but not limited to facilities, computer, network and telephone systems, agree not to disclose their access codes to others and to adhere to our password procedure.

II. GENERAL CONFIDENTIALITY: All records, files, email and computer resources/documents of Covenant Hospice are the property of the Company and are considered confidential. No employee/volunteer is authorized to copy or disclose any file or record. All telephone calls, letters or other requests for information regarding current or former employees should be immediately directed to the Director of Human Resources or the President/CEO.

III. RETURN OF PROPERTY: Employee/volunteer agrees to return all Company property upon termination of Employee’s employment or volunteer’s service. Such property includes the original and all copies of company-issued keys, pagers, cell phones, fax machines, copiers, business/patient documents, computer software, printouts, brochures, equipment, manuals, notebooks, and any other record, document or tangible property relating to the Company and its business. Further, Employee/volunteer shall not take, procure, photocopy, or copy any property of the Company after notification of or in anticipation of termination.

IV. INJUNCTIVE RELIEF: Both Employee/Volunteer and the Company agree and admit that any breach of this Agreement will result in irreparable harm to the Company and its business, such that the Company shall be entitled to an injunction, both preliminary and final, enforcing the terms of this Agreement in the event of any breach or threatened breach by Employee/Volunteer, in addition to any other damages or remedies available to the Company at law or in equity.

V. LEGAL EXPENSES: Employee/Volunteer agrees that the Company shall be entitled to recover its reasonable attorney fees, costs, and expenses in any action arising from or relating to enforcement of this Agreement in which the Company prevails on any or all issues presented, including attorney’s fees and costs incident to appeal.

I, _____, as an individual affiliated with Covenant Hospice, Inc. am committed to upholding the highest standard of individual ethical and legal business practices. I will not tolerate illegal or questionable activities and promise to take whatever steps are required by the Corporate Responsibility Plan to identify, report and prevent such activity. I have read and understand the preceding Confidentiality Agreement and Policy and Personnel Policy 6.3 – Confidential Information and agree to abide by them.

Employee/Volunteer/Board Member Name (Printed)

Employee/Volunteer/Board Member Signature

Witness’s Signature

Date

Covenant Hospice Standards of Performance Excellence

As an Employee or Volunteer, I promise to...

ACCOUNTABILITY

- > Take responsibility for my actions.
- > Be sincere in my actions and communication.
- > Strive to be an excellent performer.
- > Give excellent care at all times to patients and families.
- > Follow Covenant's policies, procedures and work rules, including personnel policies on Confidentiality and Communications Technology and Security.
- > Comply with applicable laws, regulations and Corporate Responsibility Program.

APPEARANCE

- > Represent Covenant at all times and circumstances in a neat and professional appearance and manner.
- > Adhere to our established dress code policy.

CARING & COURTESY

- > Remember I am a "guest" in our patients and families place of residence and will respect their privacy at all times.
- > Respond to our customers in a timely, courteous manner.
- > Always be courteous, listen to customers and be sincere.
- > Answer calls and inquiries promptly and take action to solve problems.
- > Respect patient and family, coworkers' beliefs and culture.
- > Treat coworkers with dignity, respect and promote a professional and courteous work environment.

COMMUNICATION & TRUST

- > Introduce myself to patients and families, explain what I am going to do before doing it, and use key words at key times to instill trust and reduce anxiety. I will promote the qualifications of other staff and volunteers whenever appropriate.
- > Be pleasant, sincere and make eye contact when communicating to patients and families or coworkers.
- > When answering the phone or leaving a message, use my name and department; listen carefully and avoid interruption to foster open communication.
- > Answer all questions directed to me and when unable, find out the answer or clearly explain what follow-up may be anticipated.
- > End conversations with "Is there anything else I can do for you? I have the time!"
- > Always say "Covenant" Hospice.

TEAMWORK

- > Be committed to the greater good of the Covenant Team.
- > Be patient and understanding when working with other departments and clearly communicate my needs so that they may work cohesively to meet them.
- > Coordinate well with coworkers or departments to facilitate timely and safe transition of our patients through the care process.
- > Pay attention to other coworkers when they are experiencing difficulties or are under pressure to complete work and offer to lend a helping hand.
- > Be supportive and give positive, constructive feedback rather than being critical or judgmental.
- > Decrease patient and family anxiety and reinforce teamwork by "managing up" coworkers.

SENSE OF OWNERSHIP

- > Possess and demonstrate a sense of ownership to Covenant, our patients, families, coworkers and customers.
- > Take responsibility to grow professionally and personally.
- > Be dependable, trustworthy, responsible and approachable in my interactions with coworkers and with external customers.
- > Take responsibility for my actions and recognize my work as a reflection of myself and Covenant Hospice.
- > Take ownership of issues by initiating resolution when recognizing that something needs to be done.
- > Demonstrate a commitment to safety and safety awareness.
- > Take ownership of the physical facility in which I work by treating it as I would treat my own home.

ATTITUDE

- > Maintain a positive, helpful attitude at all times.
- > Treat coworkers with the same attitude and respect with which I treat our patients, families and community.
- > Avoid gossip and spreading negativity to others.
- > Give support and compliments to others.
- > Work together to create a pleasant environment.
- > Be flexible, open to change and seek ways to constantly improve.

I, _____, have read and promise to follow the above Standards of Performance Excellence.

Employee/Volunteer Signature: _____

Date: _____



MEDIA RELEASE FORM

- The undersigned does hereby authorize **Covenant Hospice** to use interview material (oral or written), photos, video, and/or my name for Covenant Hospice publicity and promotional purposes.
- **Covenant Hospice** is hereby released of liability from any legal matters that may arise from its reproduction.
- There will be no payment for use of said information.
- This consent and release shall be binding upon the heirs, next of kin, and personal representatives of the undersigned.

Name _____

Signature _____

Date _____

Witness _____

Witness Signature _____

Date _____

Covenant Hospice

VOLUNTEER AREAS OF INTEREST

Volunteer Name:

Date:

Please check your placement choice(s) below:

Patient/Family Support:

Provide support to patients and families in homes, nursing homes, or Assisted Living Facilities. Support includes companionship, respite for caregivers, assisting with small tasks, running errands, or providing transportation.

11th Hour: Provide support to patients that are nearing death in order to ensure that no hospice patient dies alone. Requires additional training.

Reflections Life Review Journal: Provide assistance to patients and family members with journaling life stories. Requires additional training.

Bereavement: Work closely with Bereavement Specialists to provide family support including mailings, telephoning, and assisting with grief workshops, children's programs or support groups. Requires additional training.

Spiritual Support: Work closely with Chaplains to provide spiritual support to patients and families. Requires additional training.

Administrative Support:

Provide administrative support to hospice staff in branch offices. Filing, computer work, assembling information packets and manuals, bulk mailings, telephone support and reception work are a few examples.

Ambassador Program:

Assist with community outreach activities such as health or volunteer fairs. You may choose to speak to church, civic and community groups about hospice programs and services. Requires additional training.

Development:

Assist in planning and volunteering at events that raise funds for Covenant Hospice. You may choose to work with development department to cultivate donors and expand planned giving efforts.

Joyce Goldenberg Hospice Residence & West Florida Inpatient Facility: (Pensacola only)

Requires additional training depending on activities.

Patient and Family Support

Administrative Support

Faith-Based Volunteer Program:

Individuals and groups from faith communities help with projects to benefit patients and families.

Name of your faith congregation: _____

Community Partnership Volunteer Program:

Community groups support patients and families through fundraising, one-day projects, adopting families at holidays, etc. Name of your corporation, business, professional, civic or college group:

Alzheimer's Family Services:

Support families coping with Alzheimer's disease and their loved ones. Provide administrative support, assist with health fairs and speaker's bureau, or visit families to provide Project Lifesaver.

