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	This is my Home. This is my Hospice.
•	now a language other than English?
	cial services: (manicurist, hairdresser, masseuse, carpentry, etc.)
	ave access to transportation? \Box Yes \Box No
Are you a	veteran? Yes No If yes, what branch?
How did y	you hear about our Hospice Volunteer Program?
	ou want to be a hospice volunteer?
-	lities (skills, talents, knowledge, and experiences) do you feel you can te into your hospice volunteer work?
Death and	d Dying
	your thoughts and feelings about death?
Have you	ever been with someone at their time of their death?
-	ever provided care to anyone who was dying?
When thir ⊐ I do no ⊐painful	nking of your own death, what words best describe death to you? t think about my own death. sorrowful natural frightening dark lonely joyful heavy peaceful

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Honoring life by providing comfort, care, and compassion.

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 the Hospice patient 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 the 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, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Hospice.

APPLICANT SIGNATURE: _____

DATE: _____

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