



VOLUNTEER INFORMATION FORM

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

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 and outreach) American Indian/Alaskan Native Other _____

How did you hear about volunteering for Covenant: Newspaper TV Radio Covenant Website

Employee (name) _____

Volunteer (name) _____

Other _____

EMERGENCY CONTACT INFORMATION- REQUIRED (IF MINOR, LIST PARENT OR GUARDIAN)

Name _____ Relationship _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

STUDENT INFORMATION

If you are currently a student, please complete the following:

High School College/University Class of _____

Name of School/College/University _____

EMPLOYMENT HISTORY

Currently employed? Yes No Job Seeking? Yes No Retired? Yes No

What is/was your job or profession? _____

If you are currently employed, please complete the following: Job Title _____

Place of Employment _____

Address _____

City _____ State _____ Zip Code _____

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

If Yes, Please provide work # _____

RELIGIOUS AFFILIATION

This information is optional. If provided, your information helps Covenant's outreach efforts.

Religious Preference _____

Place of Worship _____

Street Address _____

City _____ State _____ Zip Code _____

SKILLS

We have a volunteer skills database and would like to include your information.
Please check all that apply and tell us more about your skills in the space provided.

- | | |
|--|--|
| <input type="checkbox"/> Baking or Cooking _____ | <input type="checkbox"/> Music _____
List instrument or singing |
| <input type="checkbox"/> Certified Pet Companion _____ | |
| <input type="checkbox"/> Data Entry & Office Work _____ | <input type="checkbox"/> Photography/Videography _____ |
| <input type="checkbox"/> Fluent in what Foreign Language _____ | <input type="checkbox"/> Public Speaking _____ |
| <input type="checkbox"/> Home Maintenance _____ | <input type="checkbox"/> Reception/Telephone _____ |
| <input type="checkbox"/> Lawn Care _____ | <input type="checkbox"/> Sewing/Quilting _____ |
| <input type="checkbox"/> Other _____ | |

PROFESSIONAL LICENSURE

Do you hold a current professional license(s)? Yes No

If yes, please complete the information below:

State _____ Type of License _____

License # _____ Expiration Date ____/____/____

CIVIC AFFILIATION(S) / VOLUNTEERING

Org. Name: _____ Current? Yes No

Org. Name: _____ Current? Yes No

MILITARY BACKGROUND

Military Service: Status: Active Duty Veteran

Branch: Air Force Army Coast Guard Marines National Guard Navy

PERSONAL REFERENCES (Other than family members– need all 3)

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

E-Mail _____

Relationship to Volunteer _____ Years known _____

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

E-Mail _____

Relationship to Volunteer _____ Years known _____

Name _____ Phone () _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

E-Mail _____

Relationship to Volunteer _____ Years known _____

GENERAL HISTORY

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

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.

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

SIGNATURE _____

DATE _____

Covenant Hospice / Covenant Hospice Foundation

Confidentiality Agreement & Policy

As a condition of providing services to Covenant Hospice, Inc. (the "Company"), whether as an employee, volunteer, intern or board member, the undersigned individual ("Individual") acknowledges and agrees to the following:

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) Access to Health Information: (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 of the foregoing individuals is expected to follow the requirements applicable to the handling of such information as explained in training provided on HIPAA and related issues. 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) Electronic Access: Individuals 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. OTHER CONFIDENTIAL INFORMATION

For purposes of this Agreement, the term "Confidential Information" shall mean all confidential and/or proprietary information and materials, in whatever form, whether tangible or intangible, of the Company or obtained from any person or entity to which the Company owes a duty of confidentiality, whether or not labeled or identified as proprietary or confidential, including all copies, portions, extracts and derivatives thereof, except to the extent that Individual can prove that such information or materials (i) are or become generally known to the public through lawful means and through no act or omission of Individual, (ii) were part of Individual's general knowledge prior to employment or relationship with the Company or (iii) are disclosed to Individual without restriction by a third party who rightfully possesses the information and is under no duty of confidentiality with respect thereto.

"Confidential Information" specifically includes, but is not limited to, such information related to the Company's trade secrets, specialized business techniques, account lists, payor/referral source lists/information, patient/client lists/information, employee/volunteer lists, procedure manuals, training manuals, compliance information, pricing and marketing strategies and characteristics, financial statements and related information, profit margins, methods of operation and sales, production processes, computer software, current and future development and expansion or contraction plans, information concerning personnel assignments, supplier and vendor information, and customer information such as names, contact persons, needs and requirements, contract renewal dates for existing or prospective customers, and any other information relating to the Company's business that is treated by the Company as confidential.

"Confidential Information" also includes all intellectual property of the Company, whether or not patentable or registered under copyright or similar statutes including, but not limited to, all inventions, improvements, discoveries, software developed by or for the benefit of the Company and related source code and programming information, design technology and know-how, trade secrets, formulas, manufacturing and/or design techniques, plans for research and development of new products, works of authorship, other copyrighted materials created by or for the benefit of the Company, and any other information or material considered proprietary by the Company, designated Confidential Information by the Company, or not generally known by the public.

During Individual's employment or relationship with the Company and thereafter, Individual will not, except as required in the performance of his/her duties for the Company or as authorized in writing by an authorized agent of the Company, use, publish or disclose any Confidential Information, as defined herein, proprietary information or trade secrets, whether original,

duplicated, computerized, memorized, handwritten, or in any other form, that Individual may in any way acquire knowledge of as a result of his/her employment or relationship with the Company.

Any confidential or proprietary information and materials received by the Company from third parties are deemed "Confidential Information" for purposes of this Agreement and are subject to all limitations on use and disclosure set forth in this Agreement. Individual shall not disclose or use any such information and materials in any manner inconsistent with the Company's obligations to third parties.

III. RETURN OF PROPERTY: When Individual leaves the Company for any reason, Individual shall promptly inform the Company of and deliver to the Company all Company property including, but not limited to, all documents and data pertaining to his/her employment or relationship with the Company, all Confidential Information, proprietary information and/or trade secret information, whether prepared by Individual or otherwise coming into Individual's possession or control as a result of Individual's employment or relationship with the Company. Individual further shall not retain any written or other tangible material, no matter how maintained or stored (i.e., on paper, computer disk, audio tape, hard drive or other media storage device), containing any information concerning or disclosing any Confidential Information, proprietary information or trade secrets of the Company. This information shall be returned to the Company on termination of Individual's employment or relationship with the Company or at any time upon the Company's request.

IV. NON-SOLICITATION OF EMPLOYEES/VOLUNTEERS: Individual recognizes and understands that the Company has invested substantial time and effort in assembling its current personnel and that certain information related to the Company's personnel constitutes Confidential Information as set forth above. Accordingly, during Individual's employment or relationship with the Company and for two (2) years following the termination of Individual's employment or relationship with the Company, Individual agrees that Individual will not directly or indirectly recruit or otherwise induce any employee/volunteer of the Company to terminate employment/volunteering with the Company or to compete against the Company.

V. BREACH/INJUNCTIVE RELIEF: Individual agrees that nothing in this Agreement is intended to limit any remedy of the Company under any law concerning Confidential Information, proprietary rights, inventions, trade secrets, or other confidential information. Individual further agrees that breach of the covenants in this Agreement will irreparably harm the Company for which the Company may not have an adequate remedy at law. As such, Individual agrees that the Company shall be entitled to any proper injunction, including but not limited to temporary, preliminary, final injunctions, temporary restraining orders, and temporary protective orders, to enforce said covenants in the event of breach or threatened breach by Individual, in addition to any other remedies available to the Company at law or in equity. The restrictive covenants contained in this Agreement are independent of any other obligations between the parties, and the existence of any other claim or cause of action against the Company is not a defense to enforcement of these covenants by injunction. Additionally, a breach of any of the obligations in this Agreement is grounds for discipline up to and including termination.

VI. LEGAL EXPENSES: Individual agrees that the Company shall be entitled to recover its reasonable attorneys' 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 attorneys' fees and costs incident to appeal.

VII. MISCELLANEOUS: Nothing herein should be construed as altering the at-will nature of the relationship between Individual and the Company (where applicable). A waiver by the Company of any breach of this Agreement shall not be a waiver of any preceding or subsequent breach or of any other right. This Agreement supersedes any prior or contemporaneous agreements or understandings (whether oral or written) regarding the matters addressed herein. This Agreement shall be governed by Florida law. Individual agrees and understands that, should the Company be acquired by, merge with, or otherwise combine with another corporation or business entity, the surviving entity will have all rights to enforce the terms of this Agreement as if it were the Company itself enforcing the Agreement. Notwithstanding the foregoing, Individual may not assign this Agreement.

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/Intern*/Board Member Name (Printed)

Employee/Volunteer/Intern*/Board Member Signature

Witness's Signature

Date

*Intern School/Facility Name

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.

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

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.

Employee/Volunteer Signature: _____

Date: _____



**PARENT/GUARDIAN CONSENT FOR VOLUNTEERS
WHO ARE OF MINOR AGE**

This consent form is provided to the parents/guardians of Covenant Hospice volunteers who are under the age of eighteen (18). We recognize the important role that you play in your child's experiences as a hospice volunteer. Covenant Hospice is committed to keeping parents/guardians fully informed and to protecting the safety and well being of all volunteers. We are also committed to protecting the confidentiality of our patients and their families. Please read the statements below with your minor child and sign and date as indicated. This form is to be returned to Covenant Hospice and will be filed in your child's permanent record.

- Volunteers must be at least 14 years old or enrolled in 9th grade to be eligible for the Hospice volunteer program.
- Volunteers must be at least 18 years old to transport patients or the family members of patients. Minor volunteers may not provide transportation as a part of their volunteer service with Covenant Hospice.
- All patient information is to be kept confidential. Volunteers sign a Statement of Confidentiality. We ask that patients and guardians of minor volunteers sign the statement below.
- If you have any questions or concerns regarding your child's volunteer involvement please notify Covenant Hospice and ask to speak with the Volunteer Services Manager.
- All Patient and Family Support volunteers must complete a 2 step TB test, at Covenant's expense. Parents or guardians of minor volunteers will be asked to sign a consent form for TB testing of their child.
- Patient and Family Support volunteers in Florida must complete a level 2 background check (fingerprinting), at Covenant's expense, and sign an AHCA Affidavit of Compliance with Background Screening Requirements. Parents or guardians will be asked to sign a consent form for background check for their child.

PARENT/GUARDIAN CONSENT

I consent for my minor child to participate as a volunteer with Covenant Hospice. I understand the importance of patient confidentiality and agree to keep in confidence all information shared with me in regard to hospice patients and families.

Parent/Guardian Signature

Parent/Guardian (Print Name)

Minor Child (Print Name)

Date