

# Asian Network Hospice

## Volunteer Info Sheet

### Basic

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Hobbies \_\_\_\_\_

### Education

School \_\_\_\_\_

Degree \_\_\_\_\_

Language \_\_\_\_\_

Availability	AM	PM	notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

### In case of emergency contact

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

### References (No relatives please)

Name 1 \_\_\_\_\_

Phone 1 \_\_\_\_\_

City/State \_\_\_\_\_

Name 2 \_\_\_\_\_

Phone 2 \_\_\_\_\_

City/State \_\_\_\_\_

### Experience

Career \_\_\_\_\_

Skills \_\_\_\_\_

Training \_\_\_\_\_

Volunteer \_\_\_\_\_

### Volunteer Team (Check All that Apply)

- Administrative/Office Support
- Patient Care
- Orientation & Training

Other \_\_\_\_\_

### How you heard about volunteering:

- Word of mouth
- Flyer
- Email
- Website
- Facebook

Other \_\_\_\_\_



## Confidentiality Agreement

HIPPA is a law that guarantees all patient information is safeguarded and confidential. In addition, Asian Network has its own confidential policy. This policy extends beyond patient information and includes information such as **staff phone numbers, patient census, referral sources, staff names, department processes, and all information that relates to Asian Network and its entities.** Any employee(s) or volunteer(s) found to be disclosing confidential information will be terminated and Asian Network will take legal action against the individual(s). Even after termination, resignation, personal leave, etc., the Confidentiality Agreement remains effective.

I understand and agree that in the fulfillment of my responsibilities as an employee/contractor or volunteer/intern with Asian Network Inc., I must hold medical information in confidence. The information contained in the health record belongs to the patient, and the patient is entitled to the protected right of information. All patient care information shall be regarded as confidential and available only to authorized users. I further understand that any violation of this policy and agreement my result in disciplinary action, including termination.

---

Volunteer's Signature

---

Date

# **ASIAN NETWORK HOSPICE**

---

## **VOLUNTEER INTERVIEW**



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

- 1.) Have you volunteered before?
  
- 2.) Why would you like to volunteer at Asian Network Hospice?
  
- 3.) What skills can you contribute to the office?
  
- 4.) What would you like to learn while here?
  
- 5.) What is your personal philosophy in regard to the process of death and dying?
  
- 6.) Have you ever spent time with someone who was very ill or dying? Someone bereaved?
  
- 7.) What are your sources of emotional/spiritual support?
  
- 8.) How do you manage your own stress?
  
- 9.) Are you more of an interactive or behind-the-scenes kind of person?
  
- 10.) Have you any reservations about volunteering at Asian Network Hospice?