Accord Hospice

Camp SOAR Volunteer Application

Personal Information

Name: _____ Date of Birth:_____/ _____/ _____

Complete Address:_____

Daytime Number: _____ Email:_____ T-Shirt Size: _____

Do you speak another language other than English?   Language(s)_____

Do you have access to transportation? ___yes ___no

Emergency Contact: _____ Phone Number:_____

How did you hear about Camp SOAR/Accord Hospice Services_ _____

Work and Training Experience

Employer: _____ Occupation: _____

Work/Volunteer Experience:_____

_____

List any interests, hobbies, special education or talents:_____

_____

Explain any experience you have had with children or the death/dying process, that might be beneficial in this role_____

_____

References

Name	Address/Phone	Years Acquainted

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 Accord Hospice at *Camp SOAR*, is confidential and that this confidentiality is protected by the policies of Accord Hospice. I interpret "Volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I am committed to assisting in whatever capacity is needed promise to have appositive attitude toward all camp attendees, staff, and volunteers.

I accept this Code of Ethics as my Code, to be followed with care and compassion. **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 for children. I understand this information will be held in the strictest of confidence.

_____   _____ _____

Printed Name   *Signature*   *Date*