



1658 S. IL Route 2, P.O. Box 462 · Oregon, IL 61061 · (815) 732-2499 · Toll Free (888) 421-3100

Name of Applicant _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone _____

Occupation _____ Email _____

Employer: _____

Person to be notified in case of emergency:

Name: _____

Phone: _____

Are you interested in working at Angel Treasures Resale Shop Only? Yes No

Hours Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References: Please provide complete information as references are verified by mail.

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

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 Serenity Hospice & Home is confidential and that this confidentiality is protected by the policies of the Serenity Hospice & Home.

I interpret "volunteer" to mean that I have agreed to work without compensation in money, but having been accepted as a volunteer worker, I expect to do my work according to standards set forth in the Volunteer Polices and Procedures.

I accept this Code for the volunteer as my Code, to be followed with care and compassion.

I hereby certify that 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 and character for the purpose of determining my suitability as a volunteer. **I affirm to 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 may acquire in the course of my volunteer activities.** I affirm and represent that I have automobile collision and liability coverage within the amounts required by Illinois Revised Statutes, and will notify my insurance company as primary provider if I use my automobile in the scope of my volunteer duties with Serenity Hospice & Home. This information will be held in the strictest confidence.

Applicant Signature _____ **Date** _____