



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

Volunteer Application

(Please Print)

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: _____
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Are you interested in working at Angel Treasures Resale Shops Only? Yes No

Are you interested in working at The Serenity Shed 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** _____