Please circle the correct answer:

1. When submitting a visit note, you need the following information (Circle all correct answers)
   A. Patient ID#
   B. Team
   C. Travel Time
   D. Clinical details (pain level, eating habits, activity level, etc)
   E. Volunteer Time

2. You may receive continuing education credit for the following:
   A. Movies listed on the HPCCR website
   B. Community seminar on Alzheimer’s Disease
   C. Pertinent college classes you have successfully completed in that calendar year
   D. Professional continuing education classes in a healthcare profession
   E. Church seminar on caregiving
   F. All of the above

3. The core values of Hospice & Palliative Care Charlotte Region are Respect, Integrity, Compassion, Excellence, and Stewardship.
   True           False

4. While making rounds during your shift at the hospice house you stop in a patient room and notice the chaplain is talking with the patient and family. What should you do?
   A. Sit down in the corner of the room and wait for them to finish so you can visit
   B. Ask the patient/family if you can get them anything
   C. Quietly excuse yourself and visit the room once the chaplain is finished

5. To work as a special skills volunteer (cosmetologist, massage therapist, pet therapist, etc), you must have:
   A. Professional Certification
   B. A badge
   C. Change for the money you will receive
   D. Good intentions

6. It is appropriate to discuss the needs/care of your homecare/HART patient with the staff at the inpatient unit while there for your shift. Since they are a staff member of HPCCR it is not a HIPPA violation.
   True           False
7. If a patient were to pass away while you are visiting with them and he/she has a Do Not Resuscitate you should: (Circle all correct answers)
   A. Call 911
   B. Call the caregiver to report
   C. Call HPCCR to report
   D. Perform CPR

8. The mission of HPCCR is:
   A. To relieve suffering
   B. Improve the quality and dignity of life
   C. Provide community education
   D. Provide palliative care for those with advanced illness
   E. Provide hospice care at the end of life
   F. All of the above

9. You are a certified notary and are assigned to notarize a Healthcare Power of Attorney for a patient. While you are at the home, the caregiver asks if you have time to help with a few financial documents. How do you respond?
   A. Agree to help and ask the caregiver not to tell anyone
   B. Apologize and tell the caregiver according to HPCCR policy notary volunteers are not allowed to assist with financial paperwork
   C. Agree to help and let your Volunteer Manager know you did

10. I should take the initiative to check in with my patient/caregiver regularly, maintaining the plan of care, and not just leave my number asking them to call me with needs.
    True False

11. You have a new dog and decide you want to take him on your next visit to your patient, as you know it will bring her joy. As long as the animal is vaccinated this is okay.
    True False

12. Your patient at the facility has just been diagnosed with Scabies. As long as you use contact precautions you are able to visit.
    True False


Questions? Call us at 704.375.0100 and ask to speak to someone in the Volunteer Department.
Volunteer Name: ___________________________ Volunteer Signature: ___________________________
(Please Print)

1. Are you satisfied with your volunteer experience? Yes _____ No _____
   Please explain:

2. Do we call you often enough for volunteer assignments or too often?
   Often enough _____ Too often _____ Not often enough _____
   Please explain:

3. Are you receiving assignments appropriate to your needs (i.e. homecare vs. HART, weekend vs. weekday, etc.)?
   Yes _____ No _____ Please explain:

4. Are you provided with clear instructions on assignments? Yes _____ No _____
   Please explain:

5. Do you feel valued and appreciated by both the Volunteer Department and your assigned Team?
   Yes _____ No _____ Please explain:

6. How would you rate your performance in the following areas?
   a) Wear hospice identification badge
      _____ Always _____ Need Improvement
   b) Always contact patient/family within 1 week of receiving your volunteer assignment
      _____ Always _____ Need Improvement
   c) Submit volunteer documentation within 1 week of visiting or calling
      _____ Always _____ Need Improvement
   d) Document all patient contact, including declined visits, phone calls and vacation plans
      _____ Always _____ Need Improvement
   e) Honor patient/caregiver confidentiality (HIPAA) in all verbal, written and electronic communication
      _____ Always _____ Need Improvement
   f) Follow plan of care (POC) and update a volunteer coordinator if there is a need for a change in the POC
      _____ Always _____ Need Improvement
   g) Use proper hand washing protocol
      _____ Always _____ Need Improvement
   h) Comfortable communicating with patients and family
      _____ Always _____ Need Additional Support
   i) Attend in-services annually
      _____ Always _____ Need Improvement
   j) Recognize limitations and keep clear boundaries
      _____ Always _____ Need Additional Support

Volunteer Manager’s Comments:

________________________________________________________________________

Volunteer Manager’s Signature ___________________________ Date ____________
Tuberculosis Screening Form

To be used for Volunteers who did not have a positive TB skin test upon becoming a volunteer with HPCCR*.

Name (printed): __________________________________________

Position: _________________________________________________

Answer the following questions:

1. In the past year have you had a positive tuberculosis skin test? □ Yes □ No

2. In the past year to your knowledge, have you ever been exposed to someone with tuberculosis? □ Yes □ No

3. In the past year have you had an unexplained productive cough lasting longer than three weeks that has been accompanied by significant unintentional weight loss, chest pain and/or night sweats? □ Yes □ No

________________________________________________________
Signature

________________________________________________________
Date

*Because our TB risk assessment shows that our organization is at low risk for tuberculosis, volunteers are not required to have an annual TB skin test, but must complete this form each year to ensure they are not displaying signs of tuberculosis.