Hospice & Palliative Care Charlotte Region
2020 Staff Support Volunteer Knowledge Survey

Name: ____________________________ Date: ____________________________

Please circle the correct answer or fill in the blanks.

1. HPCCR can count office hours toward Medicare requirements, so it’s imperative that volunteers sign in at the designated location when completing office work.

   True          False

2. Staff Support Volunteers can provide which of the following services:
   A. Office Support
   B. Special Events
   C. Holiday meals, prayer shawls and other special projects
   D. Transporting patients
   E. All of the above
   F. A, B, & C

3. If you must lift a heavy object off the floor, which of the following techniques ensures safe lifting?
   A. Keeping your feet shoulder-width apart, toes out, weight distributed evenly on both feet.
   B. Bending at your knees, not at your waist.
   C. Tightening stomach muscles, using both hands, and holding the object as close to your body as possible.
   D. All of the above.

4. Which is true of people entering one of our HPCCR office locations?
   A. Staff and volunteers should wear their badges at all times.
   B. All visitors should sign in at the front desk and receive a visitor badge.
   C. Visitors should not be allowed to wander through the building unescorted.
   D. All of the above.

5. Staff support volunteers may have access to medical records or financial records of patients. Sharing any of this information about a patient to a friend, spouse or in a public place is considered a HIPPA violation.

   True          False

6. Medicare requires that 5% of HPCCR’s total staffed hours are provided by volunteers.

   True          False
7. The mission of HPCCR is:
   a. To relieve suffering
   b. Improve the quality & dignity of life
   c. Provide community education
   d. Provide palliative care for those with advanced illness
   e. Provide hospice care at end of life
   f. All of the above

8. Staff support volunteers must complete ________ hours of continuing education in addition to receiving 4 hours for reading the quarterly newsletter.
   a. 4
   b. 8
   c. 3
   d. None

9. HPCCR has an Open Access Policy and does not discriminate based on a person’s diagnosis, ability to pay for services, or cost of their care. We serve people of all faiths, ethnic backgrounds and socio-economic levels.

   True    False

10. Which of the following are offered free of charge by our Grief Care Department?
   a. Programs for all age groups - children, older teens, adults, and senior adults.
   b. Educational forums for those who want to learn more about coping with their grief in a one-session workshop environment.
   c. Annual service of remembrance.
   d. Support groups, including lunch groups.
   e. All of the above


Questions? Call us at 704.375.0100 and ask to speak to someone in the Volunteer Department.
Hospice & Palliative Care Charlotte Region
2020 Staff Support Volunteer Evaluation

Volunteer Name: ___________________________ Volunteer Signature: ___________________________
(Please Print)

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

2. What other skills do you possess that could benefit HPCCR that we are not utilizing at this time?

3. Are you provided with clear instructions on assignments? Yes ____  No ____
   Please explain:

3. Do you feel valued and appreciated by both the Volunteer Department and the department in which you are placed?
   Yes ____  No ____  Please explain:

4. How would you rate your performance or experience in the following areas?
   a) Wear hospice identification badge  ____Always  ____Need Improvement
   b) Report for volunteer service as scheduled
      and call if not able to attend due to illness or emergency  ____Always  ____Need Improvement
   c) Sign in/out when volunteering in the office
      or reporting service hours at special events  ____Always  ____Need Improvement
   d) Communicate concerns/observations or any significant
      information to supervisor in timely manner  ____Always  ____Need Improvement
   e) Honor organization’s confidentiality policies (HIPAA)
      in all verbal, written and electronic communication  ____Always  ____Need Improvement
   f) Read Volunteer Newsletter and attend in-services annually  ____Always  ____Need Improvement
   g) Recognize limitations and keep clear boundaries  ____Always  ____Need Improvement

**For Volunteer Staff Completion below this line**

Supervisor’s Comments:

Volunteer Staff Signature ___________________________ Date ___________________________

3/08