



Washington Regional Cancer Support Home

VOLUNTEER AGREEMENT

1. I will arrive on time for all scheduled shifts. I will contact CSH staff as soon as possible if I am unable to work a shift or if I am unable to continue volunteering.
2. I will meet the needs of clients to the best of my ability by giving them my attention. I will support clients by listening to, not dismissing, their thoughts and feelings.
3. I will reserve personal activities (homework, reading, etc.) until all daily tasks and other CSH responsibilities have been completed.
4. I will represent the Home's inviting, professional atmosphere with casual, yet neat dress during my shift at the Home. I understand that appropriate attire includes clothing that is neither revealing, nor contains obscene or suggestive messages.
5. I will help clients who are sensitive to strong odors during treatment by not wearing heavily scented products to the Home.
6. I will refrain from offering medical advice or expressing negative opinions of specific physicians and hospitals.
7. I will not expose clients to contagious illnesses. If I develop a cold, flu, fever, etc., - or become exposed to a contagious disease (like chickenpox), - I will contact CSH staff so that a fill-in volunteer can cover my shifts until I am well.
8. I will keep confidential the names and personal information of clients. I will share client information with CSH staff when relaying information for program purposes or when seeking advice and direction.
9. I will not share my secure door code with others and I will not use the code to enter the Home outside of regular hours unless given special permission by CSH staff.

Printed Name

Signature

Date