 Emergency Number: 1-888-842-4663

**VOLUNTEER ASSIGNMENT NOTIFICATION
Private and confidential**

**Name:**

**Date Assigned:**

**Patient:**

**Primary Care Giver:** **Secondary Care Giver:**

**Patient Phone:** **Address:**

**Diagnosis**: **DNR (Do Not resuscitate) order in place:**

**Nurse:**

**HHA:**

**Allergies:**

**Date team notified:**

**Additional Information:**

“I am aware of my patient’s condition, their plan of care, and my duties as an Island Hospice Volunteer. I am aware I report to the Volunteer Coordinator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who can be reached at 888-842-4663.”

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Volunteer Coordinator Signature Date

 Volunteer Initials \_\_\_\_\_\_\_\_\_\_