

Patient and Family Support Volunteer: Field Orientation Evaluation



Name of Volunteer: _____

Date: _____

Name and title of person completing this evaluation: _____

		Completed and Competent	Evaluators Initials
1	The volunteer was able to communicate clearly and appropriately with the patient/family.		
2	The volunteer exhibited confidentiality, respect and compassion in their interactions with the patient/family.		
3	The volunteer discussed his/her role as a volunteer with the patient/family. (Volunteer followed all hospice Service Commitments)		
4	The volunteer offered assistance appropriate to the patient/family needs and the plan of care.		
5	The volunteer knows the procedure to follow if patient reports any distressing symptoms (pain, shortness of breath, nausea or anxiety).		
6	The volunteer knows the name of his/her supervisor and how to contact him/her if he/she needs assistance and/or instructions regarding volunteer duties.		
7	The volunteer seemed comfortable with his/her role as a volunteer.		
8	Volunteer completed documentation according to guidelines.		
9	Volunteer can describe procedure to follow in case of an emergency.		

Comments:

