Volunteer for Camp Eva
OUR HOSPICE POLICIES
Acknowledgement and Receipt

By signing below I acknowledge that I have received these policies for Our Hospice of South Central Indiana. I acknowledge that I am expected to carefully read all policies and to raise questions if I do not fully understand their contents. I acknowledge that Our Hospice has the right, in its sole and absolute discretion, to revise, supplement, or rescind any policies from time to time as it deems appropriate, with or without notice. I acknowledge that both Our Hospice and I are free to end the volunteer relationship for any reason at any time. I acknowledge that the attached polices do not guarantee volunteer opportunity for any definite duration of time and that its provisions create no binding legal or contractual obligations on me or Our Hospice.

Policies	
CC-01 Standards of Conduct	
HR-31 Sexual Abuse	
HR-31A Safety Awareness Declaration	**Acknowledgement and Receipt**
SD-10 Unusual Occurrence	
Camp Eva Guidelines	Volunteer Name ______________________
	Date _____ / _____ / _____