

## Volunteer Coordinator Competency Checklist

**NAME** Last **First** **Initial** **DATE**

**INSTRUCTIONS:** Use the following answer key to indicate the extent of knowledge:  
 (1) Need instruction or supervision    (2) Need review    (3) Feel competent to perform without supervisor  
 (4) Feel competent to orient others

Procedures	Previous Experience	Verbal or Demo Competency Date/Initial	Comments
Hospice philosophy			
Hospice services			
Patient rights and responsibilities			
Patient confidentiality/HIPAA			
Role in emergency preparedness			
Recruiting and keeping volunteers			
Assigning and monitoring volunteers			
Documentation issues for volunteers			
Teaching volunteers:			
- Family dynamics			
- Common symptoms of dying			
- Grief process related to dying			
- Aspects of bereavement program			
- Safety issues in the home			
- Use of standard precautions			
- Professional conduct/personal appearance			
- Documentation of service and visits according to assignment			
Other:			

Signature/Title of Evaluator: \_\_\_\_\_ Date \_\_\_\_\_