

Job Description / Performance Evaluation

Title: Volunteer Coordinator

Employer Evaluation

Employee Self Evaluation

Job Summary:

Primary function is to act as liaison between hospice and the volunteers regarding patient/family needs. Responsibilities include development and promotion of volunteer programs and maximizing resources.

Job Classification: Administrative

Lines of Authority: Reports to Director of Nursing

Job Qualifications:

Education: High School Graduate, Graduate of an accredited college/university is preferred.

Experience: Experience in recruitment & management of volunteers, preferred.

Skills: Ability to establish and maintain effective working relationships with the IDT and the lay and professional public. Hepatitis acceptance/declination.

Environmental and Working Conditions:

Works in an office environment, promoting efficient functioning and coordination of all agency activities to insure the highest level of professional patient care. Ability to work a flexible schedule; ability to travel locally; some exposure to unpleasant weather.

Physical and Mental Effort:

Sitting is required. Requires ability to handle stressful situations in a calm and courteous manner at all times. Requires working under some stressful conditions to meet deadlines and agency needs. Ability to travel.

Essential Functions:

Evaluation

Provides volunteers per the Hospice patient's Plan of Care.	
Collaboratively develops and maintains policies specific to the volunteer program.	
Demonstrates knowledge of, and ensures compliance with, all local, state and federal laws relating to the recruitment, training & retention of volunteers.	
Develops the volunteer program through collaboration with the IDT and administration personnel.	
Promotes Agency philosophy to ensure quality of care.	
Establishes a public relations program to foster good working relations with the volunteers & the community.	
Carries out other duties as assigned by the IDT.	

Statement of Understanding: I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for failure to perform satisfactorily.

Employee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

(For Job Description)

Evaluation Codes: 1-Does not meet job requirements/expectations 2-Occasionally meets job requirement

3 -Normally meets job requirements 4-Meets and occasionally exceeds job requirements 5-Regularly exceeds job requirements

Performance Evaluation Addendum

90 Day

Annual

Date On Site Supervisory Visit Completed: _____ (form attached).

Comments/Goals Met or Not Met for this evaluation period: _____

Employer/Employee Mutual Goals set for the next evaluation period: _____

Employee Comments/Response: _____

Employee Signature: _____ **Date:** _____
(For Employer Evaluation / Employee Self Evaluation)

Evaluator/Title: _____ **Date:** _____