



## Delaware Veterans Home Volunteer Policy Summary “Visiting Volunteers and Groups”

### • *DVH Mission Statement*

*Provide outstanding long-term care services to Delaware Veterans that upholds dignity while sustaining and improving their quality of life.*

- Volunteers are not considered employees of the State of Delaware. The Delaware Veterans Home (DVH) does not provide Worker’s Compensation or any other insurance coverage for volunteers.

### • **Volunteer Code of Ethics**

Respect and regard for each and every individual

- a. A desire to be of assistance
- Dignity in conduct
- b. An attitude of friendliness and warmth
- c. Tolerance and patience in all situations
- d. Confidentiality-You cannot divulge personal health information about anyone

### • **HIPPA (Health Insurance Portability & Accountability Act)**

HIPPA is a federal law enacted to protect the confidentiality, integrity and availability of an individual’s medical information.

Taking photographs of our residents is prohibited without the permission of the Delaware Veterans Home.

Please do not assist our residents with restroom visits, helping them out of the chair or with eating. If in need, please contact our medical staff to assist.

Please show a “photo” ID at the front desk when signing in the Volunteer Book. A volunteer ID Badge will be given to our volunteers and must be worn during visits to DVH.

Please sign in the volunteer book with time arrived and time departed.

Parking-Please back your vehicle in our parking lot space.

Smoking-Smoking is prohibited on DVH property. There is a designated smoking area.

I, \_\_\_\_\_, agree to serve as a “Visiting Volunteer” along with my organization, \_\_\_\_\_.

I/We agree to abide by the above stated Delaware Veterans Home policies.

*The Delaware Veterans Home is very appreciative of you and/or your group spending time with our residents! We hope you have a very rewarding volunteer experience with us!*



## Delaware Veterans Home Volunteer Contact Information “Visiting Volunteers and Groups”

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Name \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Planned Activity: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

Description of Activity/Performance: \_\_\_\_\_

Number of Volunteers expected to participate: \_\_\_\_\_

*If you would like to explore future volunteer opportunities with the Delaware Veterans Home, please contact our Volunteer Coordinator for more information.*

*Phone #302-424-8547*