Volunteer Contract

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient or any staff.

2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian or charitable reasons. I will not ask to borrow money from any staff member, family member, or fellow volunteers.

3. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive permission from the Director of Volunteer Services to engage in these activities.

4. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate lab tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish the hospital information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.

5. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

6. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with Director of Volunteer Services.

7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept. I understand that I must complete 50 volunteer hours or complete the summer session before I can receive credit for ANY hours. This includes hours needed for school, community service, etc.

8. I shall at all times uphold the philosophy and standards of the hospital and obey all hospital regulations, rules and policies as explained to me during the volunteer orientation.

9. I shall follow the dress code policy as outlined in Administration Policy 140 and Volunteer Services Policy 18 which I have read.

10. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the Department Director, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read and understand each of the above conditions and I agree to be bound by them.

I have read the VOLUNTEER HANDBOOK and agree to abide by the rules and regulations described therein.

Volunteer Signature	Date	Parent/Guardian Signature (if volunteer is under 18)	Date

Revised 8/7/14