



## Volunteer Contract

IF ACCEPTED AS A VOLUNTEER AT THE UNIVERSITY OF ARKANSAS MEDICAL SCIENCES, I AGREE THAT:

1. My services are donated to the hospital without contemplation of compensation or future employment and given for humanitarian, charitable reason or school requirements.
2. I shall not solicit any business for an attorney or an insurance company, either on or off hospital property or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitations for attorneys to the Director of Auxiliary and Volunteer Services.
3. I shall not sell or attempt to sell goods or services, request contributions or solicit person to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Auxiliary and Volunteer Services to engage in these actions.
4. I shall submit to examinations, which may include chest x-ray, skin test, drug testing and appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer services. 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. Prior to serving my volunteer hours in a designated department, I will have a schedule, approved by the immediate supervisor of said department AND with the Volunteer Coordinator. This schedule will consist of volunteering for 3-4 hours a week for a 6-month commitment.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.

7. I shall attempt to resolve any problems related to my volunteer activities with my Volunteer Coordinator, and, if unsuccessful, attempt to resolve any such problems with the Director of Auxiliary and Volunteer Services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the core values and standards of the hospital.
10. I understand that the Department of Auxiliary and Volunteer Services reserves the right to terminate my volunteer status as a result of:
  - a. Failure to comply with hospital policies, rules and regulations;
  - b. Unsatisfactory attitude, work or appearance; or
  - c. Any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer contrary to the best interest of the hospital.
11. I understand the Department of Auxiliary and Volunteer Services reserves the right to terminate my volunteer status because of unexcused absences. Volunteers must work their assigned shift to remain on our roster. If you do not, for an extended length of time, it is assumed you have resigned.
12. I agree to participate in the Volunteer Orientation at the beginning of my services and an Exit Interview upon my resignation or termination. I will surrender my identification badge and uniform upon termination.
13. I will comply with the required annual instruction and testing in HIPA, OSHA, and Safety/Hazard Training.
14. I will refrain from engaging in any conversation or action that may cause confusion regarding my role as a Volunteer, or present myself in a manner that is not consistent with my role as a Volunteer (i.e. patient/physician/caretaker relationship; unwarranted medical advice, etc.).

# ATTESTATION

I HAVE READ EACH OF THE ABOVE CONDITIONS ON THE VOLUNTEER CONTRACT AND I AGREE TO EACH.

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Applicant Name (please print)

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Applicant's Signature

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Date