

Volunteer Service Agreement

I agree to the following:

1. I will use confidential information, as required by HIPAA laws, obtained while volunteering only as authorized by the hospital for the performance of my volunteer service.
2. I will comply with AHCV practices as it is directed by state and federal regulations and pertains to my volunteer services.
3. I offer and perform my services as a volunteer – not as an employee without financial compensation.
4. I will treat patients, guests, physicians, employees and fellow volunteers with a positive attitude with respect and integrity.
5. I will adhere to the Volunteer dress code guidelines appropriate to the service area to which I am serving and wear my volunteer identification badge while volunteering. *Exceptions to this may be off stage volunteers, i.e. gift shop buyers, sewing groups or yard sale preparation.*
6. I will attend and/or comply with all annual mandatory compliance testing and health screening requirements that are required to volunteer.
7. I understand my services as a volunteer are limited to customer service and staff assistance, and that as a volunteer will never become involved in administering patient care to our patients and guests.
8. I understand that I may end my service at any time by written notice.
9. I understand that my services as a volunteer can be discontinued at any time.
10. I understand that upon termination of service I am required to return Adventist Health property that includes identification badge.
11. I understand that the complimentary meal that a volunteer may optionally receive during a volunteer shift is not a form of compensation and that the meal must be received on the same day as the shift that I have clocked in and out for.
12. I understand that I have made a commitment to accept a volunteer assignment, and that if I fail to show for two consecutive scheduled assignments that I will be relieved of the assignment.

I have read each of the above conditions and I am signing this agreement without reservation.

Volunteer Name (Print First and Last): _____

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____