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As a CMCVAMC volunteer, I agree to the following:

1. I will not use any confidential information for myself at any time, whether during or after volunteer time. I will not disclose any confidential information to any other person or entity at any time, whether during or after my volunteer time. While I am volunteering, I will use confidential information only as authorized by the hospital for the performance of my volunteer assignment.

*“Confidential Information” includes, without limitation, (a) all technical, business or financial information about the hospital that has not been made available by the hospital to the general public, (b) all private or personal information about patients, physicians, medical staff and employees, (c) all medical or patient records, (d) all trade secrets, and (e) all other private or proprietary information of or about the hospital or its patients, physicians, medical staff and employees. “Hospital” includes Corporal Michael J. Crescenz VA Medical Center and any of its affiliates.*

1. I will become familiar with all hospital policies and procedures and comply with them.
2. I will donate my services to the hospital without contemplation and compensation of future employment. I acknowledge  
   that I will be a volunteer, not an employee, of the hospital.
3. I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
4. I will not take photos of any kind in the hospital, Community Living Center, or community-based outpatient clinics. This includes photos via cell phone.
5. I will furnish and maintain an appropriate uniform and maintain a well-groomed appearance during my volunteer time.
6. I will attend orientation and in-service training(s) as scheduled to the best of my ability.
7. I will carry out assignments as outlined in my assignment guide and seek the assistance of the department supervisor when necessary.
8. I will report any problems, criticism or suggestions to my department supervisor or the Center for Development and Civic Engagement.
9. I will work a specified number of hours as required by the hospital on a schedule acceptable to the hospital and me.
10. I will adhere to the hospital’s sign-in procedures.
11. I will notify the volunteer office and my department supervisor if I am unable to volunteer as scheduled and will   
    find a substitute according to the guidelines in my assignment guide.
12. I will honor a minimum 6-month commitment (or serve 100 hours) as an adult volunteer or college student volunteer. (adjusted during pandemic)
13. I will furnish and maintain medical and hospitalization insurance to protect myself throughout my volunteer time.
14. I agree that my placement may be terminated by the hospital at any time with or without reason, in the hospital’s sole discretion. I may voluntarily terminate my placement at any time by written notice to the Chief, Center for Development and Civic Engagement.
15. I agree that the hospital may condition commencement of my placement upon my taking and passing a pre-placement medical examination (if necessary) satisfactory to the hospital.

I have read and understand each of the above conditions, and I am signing this agreement with the intent to be legally bound.

Volunteer Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

I give my permission for any necessary treatment to be given in the event of illness or injury. (under 18 years of age)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_