

Volunteer Agreement

If I am accepted as a volunteer, I agree to:

1. Keep all information regarding patients/clients and hospital business confidential.
2. Give permission for the Volunteer Services staff to discuss my work history and performance with those I have listed as supervisors and references with my potential Suburban Hospital supervisor(s).
3. Sign in and out each day I volunteer according to the protocol defined by Volunteer Services for my particular area.
4. Volunteer at least one 4-hour day per week—the same day(s) every week.
5. Be punctual and regular in attendance.
6. Notify my supervisor(s) in advance if I cannot work as scheduled. If listed as a part of my job responsibilities, I will get a substitute.
7. Wear the hospital I.D. badge while on duty.
8. Purchase my own volunteer jacket (\$15) or polo shirt (\$20) and wear it whenever on duty.
9. I understand that I may return my volunteer jacket at the time I resign for a \$5 refund if:
 - a. the hospital is still using my style of jacket, and
 - b. it does not have any stains, missing buttons, or tears.
 - c. There is no refund for the volunteer polo shirt.
10. Provide as my uniform, my own:
 - a. shirt/blouse/sweater, and
 - b. Slacks/skirt/dress and shoes (tennis shoes are permitted).
11. Not expect compensation or employment as a result of my volunteer work
12. No smoking. This is a smoke-free campus.
13. Provide my own transportation to and from the volunteer work site at my expense.
14. Receive a TB skin test or chest x-ray as required by the hospital's Occupational Health Guidelines. The skin test is given free of charge.
15. Notify my supervisor(s) and the Director of Volunteer Services of my plans to resign at least two (2) weeks in advance.
16. At the time of resignation, return my Volunteer I.D. badge to Volunteer Services.
17. Abide by all Suburban Hospital policies and procedures.
18. Perform duties as defined by the position description or my supervisor.

I certify that:

1. I am at least 14 years old.
2. I am not volunteering as a court requirement or as an attorney referral.

Signature of Applicant _____ **Date** _____

PARENT/GUARDIAN OF THOSE APPLICANTS WHO ARE 14-17 YEARS OLD

1. This applicant has my permission to volunteer at Suburban Hospital.
2. I have read the above Volunteer Agreement.
3. I will support this applicant in fulfilling the Volunteer Agreement.
4. I give permission for this applicant to receive a TB Skin Test (PPD) and/or chest x-ray as required by required by Suburban Hospital's Occupational Health Guidelines and the Maryland State Health Department regulations for hospital workers. I release Suburban Hospital of any responsibility if the applicant should have any adverse reaction as a result of the skin test.

Parent/Guardian (Print) _____ **Relationship** _____

Signature _____ **Date** _____