

Hospital Volunteer Agreement and Code of Conduct Form

Please review and complete this agreement. This document is designed to be printed for your records and submission to the Volunteer Services Department.

1. Volunteer Personal Information

First Name:

Last Name:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

2. Code of Conduct and Expectations

As a volunteer at the hospital, you are expected to maintain high standards of conduct, professionalism, and integrity. Please review the following core guidelines:

- **Confidentiality & HIPAA:** I will respect and protect the privacy of all patients. I will not read, copy, discuss, or disclose any confidential patient, clinical, or administrative information to anyone outside my official volunteer duties.
- **Professionalism:** I will represent the hospital in a professional, courteous, and compassionate manner. I will dress in the approved volunteer uniform and wear my identification badge at all times.
- **Commitment & Attendance:** I will arrive on time for my scheduled volunteer shifts. If I am unable to attend a shift, I will notify the Volunteer Coordinator as far in advance as possible.
- **Safety & Infection Control:** I will adhere to all hospital safety rules, including hand hygiene practices and the use of personal protective equipment as instructed. I will not report for my shift if I am feeling unwell.
- **Scope of Responsibility:** I understand that my role is strictly supportive. I will not offer medical advice, perform clinical procedures, or handle patient medications.

3. Volunteer Acknowledgment and Agreement

By filling out and signing this form, you acknowledge that you have read, understood, and agreed to abide by the rules, regulations, and Code of Conduct of the hospital. You understand that failure to comply with these terms may result in the termination of your volunteer status.

Volunteer Printed Name:

Volunteer Signature (or sign here after printing):

Date Signed:

Parent / Guardian Consent (For Volunteers Under 18 Years of Age)

I give permission for the minor named above to volunteer at the hospital under the terms of this agreement.

Parent/Guardian Printed Name:

Parent/Guardian Signature (or sign here after printing):

Date Signed: