

VOLUNTEER AGREEMENT

The purpose of Volunteer Services is to serve KCHA in a positive manner, to enhance the well-being of patients, and to support the staff

- I agree to volunteer for not less than six (6) months and work at least four (4) hours per week.
- I understand that in the course of my volunteer week I may be exposed to information of a confidential nature pertaining to patients and/or their families. I will consider as confidential all information which I may hear directly or indirectly, and will not seek information in regard to a patient, except as it pertains to my volunteer assignment. I agree to uphold the standards of KCHA and to safeguard its reputation by maintaining the highest standards of confidentiality.
- I agree to be punctual and to call a designated person if I am unable to be at my assigned location when scheduled. If I am absent for more than four (4) scheduled shifts without prior notification to KCHA, I understand that I may be asked to resign.
- I agree not to engage in any manner of religious, commercial or political solicitation while volunteering with KCHA.
- I agree to dress appropriately while working as a volunteer.
- I agree to uphold the Customer Service Standards as outlined in my orientation (safety, confidentiality, teamwork, professional behavior, and accountability). I understand that any violation of this agreement may result in my dismissal.

VOLUNTEER SIGNATURE _____ DATE _____
PARENT SIGNATURE* _____ DATE _____

*A parent's signature is required for Student Volunteers only.