Bethesda North Good Samaritan

TriHealth

VOLUNTEER STATEMENT OF AGREEMENT

As a volunteer, you are a vital part of the structure of the TriHealth organization. We value your time, skills, and commitment. We, in turn, are committed to training, supervising, and supporting you in your service. We sincerely hope you find many benefits from your volunteer participation with Bethesda North or Good Samaritan hospitals.

Please read the following agreement carefully, then sign and date it at the bottom.

I will adhere to all departmental procedures and will perform my volunteer duties in a manner consistent with the policies and procedures of TriHealth, Inc. These include the following.

- I will maintain confidentiality at all times and in all places in accordance with HIPAA guidelines and TriHealth , Inc.
- I will respect the privacy of patients and families. I understand that I will not have access to patients' medical records.
- I will not give medical or legal advice but will make appropriate referrals to hospital staff.
- I will not talk with the media, but instead direct them to the TriHealth Corporate Communications Department.
- I will treat patients, families, visitors, staff, and other volunteers with dignity and respect, regardless of race, religion, gender, age, national origin, disability or socioeconomic status.
- I will refrain from sharing personal information such as my home phone number, address, medical experiences, family issues, etc.
- I will not accept personal gifts from nor give personal gifts to patients and families. I will not give or loan money or give transportation to patients and families.
- I will not participate in any pyramid or endless chain scheme nor attempt to sell anything while on duty or while representing TriHealth, Inc. in the community.
- I will never discuss problems, criticisms, grievances, or suggestions in public areas nor in the presence of patients and families but rather, respectfully direct them to the appropriate hospital staff.
- I will be dependable, punctual, and conscientious.
- I will notify my assigned department in a timely manner (preferably 24 hours) if I am unable to serve on my normal shift due to illness, vacation, or tardiness due to unforeseen circumstances.
- I will maintain an appropriate uniform, a well-groomed appearance, and a professional manner.
- I will remain in my assigned area unless otherwise instructed by supervising staff.
- I will maintain appropriate boundaries.
- I will complete the required New Volunteer Orientation and any additional required health screenings prior to volunteering for TriHealth, Inc.
- I agree to make a commitment of a minimum of 50 hours of volunteer service.

I understand that failure to comply with any of the above policies and guidelines will result in probation and/or dismissal from service as a volunteer.

_____	_____
Volunteer Signature Date	Parent/Guardian Signature Date
_____	_____
Printed Volunteer Name	Printed Parent/Guardian Name