

**PANIRA Healthcare Clinic
VOLUNTEER AGREEMENT**

Volunteer Waiver and Liability Statement:

I understand that, in completing this application, an investigation as to my character, general reputation, personal characteristics, and/or mode of living may be conducted.

I hereby release PANIRA Healthcare Clinic of liability for injury and/or illness as a result of my volunteer service at the clinic. I understand that, in case of accident/injury, I will bill my insurance providers as applicable.

_____ Initial of Volunteer _____ Initial of Parent/Legal Guardian (for minor volunteer)

Confidentiality/Agreement:

As a volunteer, I will observe a Code of Ethics that protects the patient's right to privacy. I understand that all information concerning patients, employees, volunteers and others in regards to the clinic is confidential in nature and is not to be disclosed to outsiders or discussed in areas where outsiders may overhear (i.e, lounge, waiting room, hallways, etc.). I understand that, should I breach this confidentiality agreement, legal action may be taken against me, personally.

_____ Initial of Volunteer _____ Initial of Parent/Legal Guardian (for minor volunteer)

Photo and/or video release form:

I hereby give permission for me, or my minor child to be interviewed, photographed, and/or videotaped with sound. This material may be used to promote PANIRA Healthcare Clinic community medical health care. I place no restrictions on the use of this material, unless listed below and initialed by me. If applicable, please list restrictions below (each must be initialed):

If applicable, please list restrictions below (each must be initialed):

_____ Initial of Volunteer _____ Initial of Parent/Legal Guardian (for minor volunteer)

I have read these agreements and fully understand their content and agree to them of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Signature of Parent/Legal Guardian: _____

Date: _____

PANIRA Healthcare Clinic
VOLUNTEER CODE OF CONDUCT

1. Sign in and out on the volunteer log each time you volunteer.
2. If you are issued a volunteer badge, you must wear it while volunteering.
3. Be punctual. Notify the volunteer coordinator and the staff member to whom you are assigned if you will be late or cannot fulfill a volunteer commitment.
4. Do not bring children or visitors with you to your volunteer assignment, unless you have received permission in advance from the volunteer coordinator.
5. Wear appropriate clothing/scrubs. Wear comfortable shoes in the clinic setting. Short-shorts, tank tops, bare mid-drifts and clothing printed with potentially offensive messages are prohibited.
6. Communicate courteously with all staff members, persons receiving services through our programs (clients) and other volunteers. Discrimination in any form will not be tolerated.
7. Maintain confidentiality and abide by HIPAA regulations. Do not share information with anyone about clients without their express written consent, and then, only as required to provide services.
8. Do not disclose personal information about yourself to clients.
9. We encourage you not to transport, give money to or purchase items for clients. If you become aware of a need, refer the client to a staff member.
10. Illegal drugs and alcohol are prohibited within our facilities or on our grounds. Smoke in designated areas only.
11. Direct all media inquiries and solicitation requests to the CEO/Administrator at 239-529-5580.

I have read this Code of Conduct, fully understand its contents and agree to it of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Signature of Parent/Legal Guardian: _____

Date: _____