

# **Volunteer Agreement**

## **IF I AM ACCEPTED AS A VOLUNTEER, I AGREE TO:**

- 1.** Keep all information regarding patients/clients and hospital business confidential. I will not disclose or discuss any patient, human resources, payroll, fiscal and research information with others, including family or friends.
- 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 NIH Clinical Center supervisor(s).
- 3.** Sign in and out each day I volunteer according to the procedures defined by Volunteer Services for my particular area.
- 4.** Volunteer for a period of six months (unless otherwise pre-approved) and hours agreed upon for the assignment.
- 5.** Be punctual and regular in attendance.
- 6.** Notify my supervisor(s) in advance if I cannot work as scheduled.
- 7.** Wear the NIH Clinical Center Volunteer I.D. badge while on duty.
- 8.** Not expect compensation or employment as a result of my volunteer work
- 9.** No smoking. This is a no smoking hospital.
- 10.** Provide my own transportation to and from the volunteer work site.
- 11.** Provide documentation of negative TB test within the past one year or a recent chest x-ray.
- 12.** Notify my supervisor(s) and the Coordinator of Volunteer Services of my plans to resign at least two (2) weeks in advance.
- 13.** At the time of resignation, return my Volunteer I.D. badge and parking pass (if applicable) to Volunteer Services.
- 14.** Abide by all NIH policies and procedures.
- 15.** Perform duties as defined by the position description or my supervisor.

### **I certify that:**

- 1.** I am at least 16 years old.
- 2.** I am not volunteering as a court requirement or as an attorney referral.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN OF APPLICANTS WHO ARE UNDER 18 YEARS OF AGE** **1.** This applicant has my permission to volunteer at the NIH Clinical Center. **2.** I have read the above Volunteer Agreement. **3.** I will support this applicant in fulfilling the Volunteer Agreement. **4.** I understand that my child will be in a medical setting and may have patient contact as part of their volunteer assignment.

**Parent/Guardian** (Print) \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_