

St. Mary's County Health Department

VOLUNTEER AGREEMENT

If I am accepted as a volunteer, I agree to:

1. Keep all information identifying a specific patient or client confidential. This includes all information contained in a patient record, client file, correspondence, lab data, all verbal communication with or regarding a patient and all patient and client registration information. As a routine practice, all such information is to be handled in a confidential manner when not in use.
2. Give permission for the Volunteer Services staff to discuss my work history and performance with those I have listed as supervisors and references.
3. Sign in and out each day I volunteer according to the procedures defined by Volunteer Services.
4. Notify Volunteer Services in advance if I cannot work as scheduled.
5. Wear the Volunteer Services I.D. badge while on duty.
6. Not expect compensation or employment as a result of any volunteer work.
7. Provide my own transportation to and from the volunteer work site at my own expense.
8. Abide by all St. Mary's County Health Department policies and procedures.
9. Perform duties as defined by the position description or my supervisor.

Signature of Applicant: _____ Date: _____