VOLUNTEER AGREEMENT

If I am accepted as a volunteer at Connecticut Children's Medical Center, I agree that:

- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients or employees, and not seek to obtain confidential information from a patient.
- My services are donated to the medical center without contemplation of compensation or future employment.
- I shall not sell goods or services, request contributions, or distribute political or religious materials on medical center premises.
- I will provide documentation of a current TB test and I will submit documentation for the MMR series if requested by Volunteer Services. I understand that if my TB test is positive I will need to have further testing done by my own physician at my own expense and provide a physician's letter stating the findings.
- I shall make my best effort to fulfill my commitment to the medical center by completing all assignments that I accept.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor and if unsuccessful attempt to resolve such problems with the Volunteer Services staff.
- I shall notify my immediate supervisor if I am unable to work as scheduled.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of

  1. failure to comply with medical center policies, rules and regulations;
  2. absences without prior notification;
  3. unsatisfactory attitude, work appearance; or
  4. any other circumstances which, in the judgment of the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the medical center.

I have read each of the above conditions and I agree to be bound by them.

_____ _____

Signature Date