



Volunteer/Shadower Agreement

I, _____ (Print Name) wish to volunteer/shadow with CHI Saint Joseph Health. I understand that I am not entitled to and will not receive any compensation, salary, benefits, or other forms of payment. I agree I will volunteer/shadow without contemplation of future employment. I understand I am not covered by any state or federal wage and hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits or any other type of employment benefit offered to employees.

I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization from the facility's administration to do so.

I understand that CHI Saint Joseph Health facilities offer medical services to the public for treatment of illnesses, including but not limited to tuberculosis, hepatitis, and HIV, and I assume a risk that I might be inadvertently exposed to such diseases.

I shall submit to examinations and annual retesting as necessary, which may include skin tests, chest x-rays, and appropriate laboratory tests and/or immunizations as a condition of my volunteer service or shadowing.

I release, discharge and relieve CHI Saint Joseph Health from any and all claims whatsoever of any nature arising as a result of my volunteer services, shadowing and related activities.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and behave professionally. I shall make my best effort to fulfill my commitment to the hospital by following the assignment descriptions and completing all assignments that I accept. If I am unable to perform my volunteer duties, I will notify the appropriate volunteer leadership as soon as possible. If I vacate my position for more than one month without prior notification to volunteer leadership, I will be terminated.

I understand and agree that I will comply at all times with all rules, policies and standards of conduct that apply to hospital employees, independent contractors, volunteers and shadowers including the system policy on confidentiality and HIPAA which I have signed and submitted.

I understand that the facility reserves the right to terminate my volunteer/shadower status if I fail to follow all hospital policies, rules and regulations; if I am absent without prior notice; if I have unsatisfactory attitude, appearance or attendance; or for any other circumstances which in the judgment of the facility would make my continued presence contrary to the best interests of the hospital

I agree to attempt to resolve any problems related to my volunteering/shadowing with my supervisor, and if unsuccessful, attempt to resolve any such problems with the appropriate staff of Volunteer Services.

Name (Please Print): _____ CHI Saint Joseph Health Location: _____

Signature: _____ Date: _____