



## Student/Parent Volunteer Agreement

Please initial after each statement showing that you agree to the following:

I will not disclose any Confidential Information, in accordance with HIPPA guidelines, to any person or entity at any time, during or after my volunteer time. \_\_\_\_\_

I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others in accordance with SPIRIT values. \_\_\_\_\_

I will refrain from utilization of cell phones and other electronic devices during my volunteer shift. \_\_\_\_\_

I will inform, in advance when possible, the Volunteer office or Supervisor of my schedule and of dates I will be off; to include scheduled vacations. **Three absences without notification will result in termination without verification of earned service hours.**\_\_\_\_\_

If I am assigned to the Front Information or Emergency Room Desks, I will make every reasonable effort to obtain a substitute prior to my absence, using the substitute list provided. I will inform the Volunteer office of the change. \_\_\_\_\_

I will maintain an **appropriate uniform** and a well-groomed appearance during my volunteer shift. Jeans, shorts or short skirts are not appropriate attire for a Healthcare setting. \_\_\_\_\_

I will complete a **minimum of 100 hours of service.** \_\_\_\_\_

I will provide written notice to Volunteer Services 2 weeks prior to my last day, at which time I will return my ID Badge and uniform. \_\_\_\_\_

**I have read each of the above statements, and I agree to comply with them.**

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Date

**I have discussed the above Student Volunteer Agreement with my son/daughter.**

\_\_\_\_\_  
Parent/Guardian Signature Name

\_\_\_\_\_  
Date