

As an Adult Volunteer, I agree that:

1. I wish to provide volunteer services for Western Maryland Health System
2. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from or about patient.
3. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
4. I understand that as a volunteer, 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 benefit available to employees.
5. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute goods or services.
6. I understand that WMHS offers medical services 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.
7. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
8. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
9. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
10. I shall at all times uphold and adhere to the mission, vision, and values of the Western Maryland Health System and will comply with all rules and standards of conduct that apply to hospital employees and contractors, including the policy on confidentiality.
11. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the Department Director, would make my continued service as a volunteer contrary to the best interests of the hospital.

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

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Volunteer Signature

date