



BON SECOURS CHARITY HEALTH SYSTEM

A member of the
Westchester Medical Center Health Network

AGREEMENT

I have read and understand the VOLUNTEER SERVICES THINGS YOU NEED TO KNOW and have been given the opportunity to ask questions concerning the information presented.

I understand that these guidelines have been established to insure my safety and well-being as a volunteer and the safety and well-being of the patients at Bon Secours Community, Good Samaritan Regional Medical Center, St. Anthony Hospital and the Warwick Healthcare Campus and/or Harriman Kidney Center, all part of the Bon Secours Charity Health System. If I disregard these guidelines and function beyond the boundaries set forth, the Bon Secours Charity Health System cannot be held responsible for any resulting injury.

If accepted as a hospital volunteer, in addition to the above, I also agree that:

1. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian or charitable reasons.
2. I understand it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies on hospital property.
3. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions or religious materials on hospital premises, unless I receive the express authorization of the Volunteer Director to engage in these activities.
4. I shall, if requested, submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests, and/or immunizations that may be necessary as part of my volunteer services. If requested, I hereby authorize my doctor to furnish the hospital information concerning my health. I also authorize the person(s) making x-ray film to report the results to the hospital.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
6. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
7. I shall at all times uphold the philosophy and standards of the hospital.
8. I understand that the Volunteer Director reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which would make my continued service contrary to the best interests of the hospital.

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

Volunteer Signature

Date.