

Helen M. Nickless

VOLUNTEER CLINIC

1460 W. Center Rd. Medical Mall 1 Suite 1 Essexville, MI 48732

VOLUNTEER CONDUCT AND CONFIDENTIALITY AGREEMENT

I, _____, as a volunteer of the Helen M. Nickless Volunteer Clinic (HMVC), agree to the following conditions:

I. VOLUNTEER CONDUCT

1. While working as a volunteer I am required to refrain from using any substance, alcohol or drugs, which impairs my ability to act in the best interests of the patients. Violation of this condition is reason for dismissal.
2. Exploitation of any patient is prohibited. Violation of this is reason for dismissal.
3. I understand that HMVC does not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, color, sex, religion, mental or physical handicap, marital status, sexual orientation or personal characteristics and circumstances. I agree to refrain from all forms of discrimination.
4. I agree not to act as a spokesperson for HMVC, or to speak to the media on behalf of the organization unless authorized, for a specific purpose, by HMVC.
5. I agree to bring any problem with a client, which is beyond the scope of my volunteer expectation or ability, to the attention of the volunteer coordinator or clinic manager.
6. I agree to abide by any policies and procedures established by HMVC which may be more specific in nature to my volunteer responsibilities, or approved after the signing of these initial policies.
7. I understand that any access code, password, etc. assigned by HMVC will be kept confidential.

II. CONFIDENTIALITY

1. I understand, in the course of my work for HMVC, I may learn certain facts about individuals who are served by the Clinic which are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, relations with family members and the like. I understand all such information, including the identity of the individual, must be treated as completely confidential and will remain confidential even after I terminate my volunteer service with HMVC.
2. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with HMVC and authorized by the Clinic to have such information, without the specific consent of the individual to whom such information pertains and the prior knowledge of HMVC.
3. I further agree that if I become aware of a breach of confidentiality by another volunteer, I must immediately report such breaches to the HMVC Manager, along with the name of the volunteer and client involved.



4. Failure to comply with these terms of confidentiality will result in my release from volunteer service with the HMVC and possible legal action under the laws of the State of Michigan and other jurisdictions.

III. HMVC AGREES TO:

1. Provide adequate training and orientation for volunteers in our procedures, policies and organization.
2. Provide a person to coordinate volunteer activities, training, evaluation and respond to volunteer issues and grievances.
3. Keep a personnel file on each volunteer containing volunteer information sheets, signed statements, and other confidential materials, which would be available to the volunteer by arrangement.
4. Serve as a reference upon request.

I hereby acknowledge that I have read and understood the Volunteer Agreement outlined in this document. I further understand that my capacity as a volunteer is without compensation and/or benefits. I understand that HMVC may change these volunteer policies at any time and that I will be notified of such change.

Volunteer Signature

Date