

# UPMC Horizon

## Volunteer Agreement

*While working as a UPMC Horizon volunteer, I agree to meet the following expectations:*

- I will abide by all the policies, rules, and standards of UPMC Horizon included in the volunteer handbook as well as those specific to my position or assignment.
- I will conduct myself with dignity, courtesy, and consideration for others.
- I will be punctual and reliable and will notify the Volunteer Services Department and my supervisor prior to my scheduled arrival time when I am unable to report for duty.
- I will be neat, clean, and wear a uniform (if required) and an ID badge at all times.
- I will carry out my assignments to the best of my abilities and will seek the assistance of my supervisor when necessary.
- I understand that the Volunteer Services Department may re-assign me to a different area if necessary.
- I will take any problems or suggestions to my supervisor or to the Volunteer Services Department.
- I will not accept payment or tips of any kind for my volunteer service.
- I will abide by UPMC's Drug-Free Workplace policy and report any criminal convictions for drug-related activity in the workplace no later than five working days after conviction.
- I will report any serious event or incident involving the clinical care of a patient to the hospital's Patient Safety Office within 24 hours of the occurrence or discovery of the occurrence.
- I will treat all patients in a respectful manner and protect their privacy.
- I will not recommend, suggest, or comment on any medical procedure, disease, symptom, medication, physician, or staff member.
- I will not discuss the facts of a patient's case with anyone, including UPMC Horizon staff and volunteers not involved in the patient's care or treatment or disclose to anyone the name, diagnosis, or condition of any patient.
- I understand that any oral communication regarding sensitive patient, business, staff member, or research information must be conducted discreetly. I will avoid discussions involving sensitive information in elevators, hallways, buses, lunchrooms, and other areas where individuals not directly involved can overhear me.
- I will hold as absolutely confidential all written, verbal, and electronic information concerning UPMC Horizon, its patients, doctors, personnel, and volunteers, and I will not seek confidential information unless it is relevant to my volunteer work duties. I also agree that I will not copy or otherwise remove any patient information from the facility.
- I understand that the Volunteer Services Department may terminate and/or reassign my volunteer services at any time for any reason.

*I have read each of the above conditions and I agree to comply with them. I understand that violation of this agreement will result in appropriate corrective action up to and including discharge.*

Date: \_\_\_\_\_

Name

(Print): \_\_\_\_\_ Signature: \_\_\_\_\_