

Sibley Memorial Hospital Volunteer Agreement

The purpose of the Volunteer Service is to serve Sibley Memorial Hospital in a positive manner, to enhance the well-being of patients, and to support the Hospital Staff. By signing this Volunteer Agreement, you are agreeing to conform to the following standards:

- I agree to fulfill my Commitment of Hours.
- I understand that in the course of my Volunteer Service I may be exposed to information of a confidential nature pertaining to patients and/or their families. I will consider as confidential all information which I may hear directly or indirectly, and will not seek information in regard to a patient, except as it pertains to my Volunteer assignment. I agree to uphold the traditions and standards of Sibley Memorial Hospital and Johns Hopkins Medicine and to safeguard its reputation by maintaining the highest standards of confidentiality.
- I agree to be punctual and to call a designated person if I am unable to be at my assigned location when scheduled. If I am absent for more than three (3) scheduled shifts within a six-month period, I understand that I may be dismissed from the Volunteer Service Program.
- I agree not to engage in any manner of religious, commercial or political solicitation while in the Hospital or on Hospital property.
- I agree to dress appropriately while working as a Volunteer, conforming to the dress code which includes a clean, pressed uniform, and Sibley Memorial Hospital Volunteer Service identification badge.
- I agree to uphold the Customer Service Standards as outlined in my Orientation (safety, confidentiality, teamwork, professional behavior, and accountability). I understand that any violation of this agreement may result in my dismissal.
- I have read my service description and understand that an unwillingness to put forth a reasonable effort toward my assigned duties may result in my reassignment or dismissal.
- I have read the Sibley Volunteer Handbook and will direct any questions I have to the Volunteer Office.

I have read the above statements and will conform to the standards outlined in this Agreement.

Applicant Signature

Date

Applicant Name (printed)

Parent/Guardian Signature (if Applicant is under 18-years-old)

Date