



4/07

VOLUNTEER AGREEMENT

As a Volunteer at Sheridan Memorial Hospital, I will be punctual and conscientious in the fulfillment of my duties and will accept supervision graciously.

I agree to dress neatly and have a pleasant rapport with the people I work with and others with whom I come in contact.

I will ask the Director of Volunteer Services or the personnel of the department if I do not understand an assignment.

If unable to fill my placement commitment, I understand it is my responsibility to try to find a substitute. If unable to do so, I will contact my Department Director or the Director of Volunteer Services 24 hours in advance except in case of emergency.

I will conduct myself with dignity, courtesy and consideration, honoring the volunteer policies whenever I am on duty.

I will consider CONFIDENTIAL, all information which I may hear directly or indirectly concerning a patient, doctor or any member of personnel.

I will not seek information in regard to a patient.

I will take any problems, criticism or suggestions to the Director of Volunteer Services.

Signature

Date