

SUMMER JUNIOR VOLUNTEER PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT D.B.A. HARRIS HEALTH SYSTEM VOLUNTEER AGREEMENT

CONFIDENTIALITY AGREEMENT

I agree to use confidential or proprietary information only as needed to perform my volunteer duties. This means I will not access confidential or proprietary information without legitimate need/permission, nor in any way divulge, reveal, copy, release, text, email, sell, lend, revise, alter, or destroy any confidential or proprietary information belonging to the Harris Health System. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.

Student Signature: _____

Date: _____

Student Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

VOLUNTEER CODE OF CONDUCT

1. It is a crime to solicit business for attorneys and/or insurance companies.
2. I am donating my services to Harris Health without expectation of compensation and am not to solicit employment while performing my volunteer duties.
3. I understand that Harris Health's Volunteer & Guest Services Department does not assign volunteers to areas of professional or medical conflicts of interest.
4. I understand that, as part of my volunteer service with Harris Health, I may be transported to Harris Health facilities in Harris Health vehicles.
5. I will not sell or attempt to sell any goods or services, solicit monetary or in-kind contributions, or collect/distribute petition signatures on Harris Health premises.
6. I understand that, I must never attempt to assess or diagnose any patients, nor shall I attempt to perform any medical procedures (i.e. draw blood, insert an IV and any other procedure that requires a medical license) on patients.
7. I understand that, I will be evaluated by Harris Health's Volunteer & Guest Services Department, as well as, the department in which I have been placed. I also will be given the opportunity to evaluate the department and the volunteer duties that I have been assigned.
8. I understand that the Harris Health's Volunteer & Guest Services Department reserves the right to terminate my volunteer status as a result of:
 - my failure to comply with Harris Health's departmental policies and rules and regulations;
 - unsatisfactory attitude, work or appearance/attire;
 - habitual tardiness and/or absences; and
 - any behavior deemed unacceptable by any Harris Health facility, any Harris Health department supervisor and/or the Volunteer & Guest Services Department.
9. I understand that, I am responsible for returning my badge and uniform to Harris Health's Volunteer & Guest Services Department after completing my volunteer services.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Print, sign, date, and upload to VSys. Go to the Upload Document tab and select "Summer Junior – Additional Documents".

SUMMER JUNIOR VOLUNTEER PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT D.B.A. HARRIS HEALTH SYSTEM SUMMER JUNIOR PROGRAM AGREEMENT

Summer Junior Volunteer Name:

Phone Number:

Email Address:

PROGRAM PARTICIPATION CONTRACT

In signing this contract:

- I will attend the MANDATORY Summer Junior Volunteer Orientation.
- I will set up and adhere to a weekly schedule agreed upon with the Volunteer Manager.
- I will participate in any training required before beginning my service.
- I understand and will abide by the Summer Junior Volunteer Program Commitment.
- I will always dress in the appropriate uniform — khaki or black pants and a Junior Volunteer polo shirt during my volunteer placement.
- As a Summer Junior Volunteer for Harris Health System, I realize that I not only represent myself, but also Harris Health and the Volunteer & Guest Services Department and I will perform my service with compassion, dedication and respect.
- If I fail to abide by the terms of this contract, I will not be eligible for a certificate of completion or a letter of recommendation, and may be dismissed from volunteering.
- Photo Release: As a volunteer at Harris Health System, I realize that my image may be taken at hospital celebrations and other media events. I give my permission to the Harris Health System Director of Volunteer & Guest Services and the Director of Corporate Communications to use my image in any appropriate and related materials that will promote or otherwise publicize the Harris Health System.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Volunteer Manager Signature:

Date:

PARENTAL/GUARDIAN CONSENT

- I give my consent for the Harris Health System Volunteer & Guest Service Department and the Employee Health Clinic Staff to evaluate on-the-job injuries and treat appropriately.
- My son/daughter is at least 14 years of age and will be entering the ninth grade in August 2024 but is not older than 18 years.
- I understand that if my son/daughter misses more than the allowed absences in a program session, he/she will be dropped from the program.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

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