



2023 VolunTeen Agreement

As a VolunTeen of Northside Hospital Cherokee, I am making a commitment to the following:

1. I agree to volunteer for at least a minimum of 24 hours and at least 6 weeks of service (You will be required to work the same assignment on the same day, and time for at least 6 weeks). I understand that failing to fulfill this commitment will result in my not being allowed to return as volunteer the following summer and I will not receive a certificate of hours served or verification that you participated in our VolunTeen Program.
2. I agree to treat all patients, visitors, staff and other volunteers with courtesy, respect and without regard to race, religion, sex, age or national origin – embracing cultural differences.
3. I will always demonstrate appropriate use of language, have a positive attitude and maintain professional behavior.
4. I will adhere to my schedule and always notify the Department of Volunteer Service in case of my absence.
5. I will accurately document my service time by checking in and out at the Volunteer Service Office.
6. I will abide by the Northside Hospital Cherokee Auxiliary uniform policy.
7. I will abide by the Northside Hospital Cherokee Auxiliary cafeteria benefit – a free snack/meal for every 4 hours of volunteered service not to exceed a total of \$8.00. This snack/meal must be taken before or after your shift.
8. I will return my badge at the end of the program.
9. I agree to comply with the requirements, rules and regulations as determined by Northside Hospital Cherokee, not limited to but including HIPAA compliance and confidentiality.
10. I will be self-motivated. I will be anxious to learn all that I can about the hospital. If I have any questions or doubts, I agree to ask someone who can help me.
11. I will always exceed customer service expectations to help Northside Hospital Cherokee deliver world-class healthcare.
12. I will not use my cell phone to talk, text, or surf the net during my VolunTeen shift. In case of an emergency, I will go to the volunteer office to make any necessary calls.

I ACKNOWLEDGE THAT - I have read and understand the *VolunTeen Agreement for the Northside Hospital Cherokee 2023 VolunTeen Program*, and that I will abide by the rules and policies as outlined.

VolunTeen Signature

Date

Parent/Guardian Signature

Date