



Volunteer Confidentiality Agreement

As a St. Leonard volunteer, I agree to:

1. To Consider CONFIDENTIAL all information which I may hear, read or otherwise acknowledge, either directly or indirectly, concerning residents, doctors, or any other personal information, and to not seek information in regard to a resident.
2. To adhere to the dress code as specified by the Volunteer Services Department.
3. To make every effort to fulfill my Volunteer assignment on a regularly scheduled basis.
4. To make contact with the Volunteer Services Department or directly with the department I report to if it becomes necessary to be absent from a scheduled assignment early enough that a substitute can be found.
5. To notify the Volunteer Services Department if I must terminate my volunteer position.
6. Use responsible judgment in making decisions.
7. Be considerate, respect confidences and work as a member of a team with all staff and other volunteers.
8. Be considerate of the health of others by following infection control policies and by not reporting for assignment if I am ill or suspect that I might have a contagious, communicable condition or disease.
9. To IMMEDIATELY report to the Supervisor in charge and/or to the Volunteer Supervisor any accidents or change in condition that a St. Leonard resident may incur during my volunteering service.
10. To uphold the Philosophy and Values of St. Leonard at all times.
11. I understand that St. Leonard respects its residents, staff and volunteers' rights with regard to privacy of information and I agree to respect these rights in performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside the facility.

I have read the above and at my own discretion agree to abide by the standards set forth.

Volunteer Printed Name

Volunteer Signature

Date

If volunteer is under age 18: _____ has my permission to volunteer
(Printed Name of Minor Volunteer)
and to follow the above standards set forth by the St. Leonard Volunteer Department.

Parent/Guardian Signature

Date

Emergency Contact #