



Junior Volunteer Contract



During my time at the hospital, I agree to the following:

- I am committed to volunteering one day per week for one four-hour shift or 10 hours per month, for six months.
- I will wear clean khaki pants, my volunteer polo, closed toed shoes and my photo identification badge.
- I realize that what patients or hospital staff share with me is confidential. I will not share this information with anyone in or outside of the hospital.
- I will refrain from using my cell phone for any reason, during my shift.
- I will not post Protected Health Information on social media.
- I realize that I have made a commitment to work at the hospital. I will arrive on time and will contact the marketing/volunteer coordinator in advance, if an illness or emergency prevents me from volunteering.
- I will provide or arrange my own transportation to and from the hospital.
- I will show courtesy and respect to all I come in contact with: patients, visitors, volunteers, staff and all customers.
- I understand that my primary role as a volunteer is to support the hospital staff and to provide outstanding customer service.
- I understand that as a volunteer, I may be the front-line greeter for visitors. I am committed to elevating the patient and visitor’s experience at all times.
- I will return hospital uniform and badge upon departure of the program.

Junior Volunteer	Signature	Date
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To be Signed by Parent or Guardian:

I understand and support _____ volunteering at Southern Hills Hospital. I have read understand the expectations of a junior volunteer. Should an emergency arise, I hereby authorize Southern Hills Hospital to give medical or surgical care under the supervision of any physician or surgeon licensed by Southern Hills Hospital.

Name of Emergency Contact: _____

Phone: _____

Parent or Guardian’s Signature	Date
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Please scan and email this completed form to me at Jasmine.Smith2@hcahealthcare.com, as your junior volunteer application will not be considered until all forms have been submitted.