

# HURTT FAMILY HEALTH CLINIC VOLUNTEER INFORMATION FORM AND VOLUNTEER WAIVER, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

**Form Approved November 15, 2011**

By signing this Volunteer Waiver, Hold Harmless and Indemnification Agreement, I understand and agree to the following terms and conditions related to volunteering my services to the **Hurtt Family Health Clinic, Inc.**, which shall apply as well to any interaction or activities I may have related to the staff, volunteers clients or residents of its affiliate organizations (**Double R Ranch, Orange County Rescue Mission, Inc., Operation OC, Temecula Murrieta Rescue Mission, Corona Norco Rescue Mission, Inland Empire Rescue Mission Inc.**, or others as the case may be) (collectively, the "Organization").

1. I recognize that as a volunteer I represent the Organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be drug-free and sober when conducting business as a representative of this Organization.
2. I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the Organization, including but not limited to, employees, volunteers, clients and visitors.
3. I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information.
4. I agree to honor the commitment length and frequency of service that I make to the Organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur.
5. I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.
6. I agree that my assignees, heirs, distributees, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the Organization as a result of my participation as a volunteer. I hereby release the Organization from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.
7. If my volunteer service includes driving an automobile, I acknowledge that I have both a valid drivers' license necessary for the type of vehicle I am operating and an automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the Organization. I am knowledgeable of and

agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

8. It is the policy of the Organization that employees and volunteers must treat all people with the utmost dignity and respect regardless of whether they are an employee, client, patient, or from the private sector. The Organization has no tolerance for employee, client, or patient abuse. Any such act of abuse is grounds for immediate dismissal pending an investigation and may result in termination from volunteering. If there is suspicion of abusive conduct by a fellow employee or volunteer, the Human Resource Department must be informed of the situation without delay. All elder abuse, child abuse, and domestic violence must be reported immediately to the county authorities. I have been oriented to the mandatory reporting aspects of my position with the Organization and will abide by the mandatory reporting laws of the State of California. I further acknowledge that if am ever deemed, in the discretion of the Organization, to act in a manner contrary to this policy, that my volunteer position may be terminated. I have read and understand the abuse policy and will abide by all the rules of this policy.
9. All records will be confidential. Only those persons directly involved in the patient's/client's care will have access. Records, lab reports and any other patient identifiable information will be secured from general view. Phone calls will be made with auditory privacy. Information of a confidential nature will not be left on answering machines or with a person not specifically named by the patient as authorized to receive the information. All staff will be oriented to keep patient/client specific information confidential when discussing patient/client care in public areas. Patients with limited mobility will be treated to the best extent possible. Patient intake interviews will be done in a confidential manner. As far as possible all medical and dental history questions will be asked in auditory and visual privacy. Patient care will be accomplished with as much visual privacy as possible.
10. I acknowledge that it is imperative for the Organization to keep accurate administrative records relating to volunteer services performed on behalf of the Organization. As such, I agree to sign in as directed at the commencement of my volunteer service on any given day, and to sign out at the termination of such service on any given day, and to note my area of service to the Organization.
11. I acknowledge that my position as a volunteer for the Organization is of vital importance to the Organization and its ability to conduct its business to the highest standards. Likewise, however, I acknowledge that my position as a volunteer is a privilege extended to me by the Organization, and not a right, and therefore my position may be terminated at any time, and for any reason, at the discretion of the Organization without any liability whatsoever to me related to such termination. It is understood and agreed upon by the Organization and the undersigned that the relationship being entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; that either party may terminate the volunteer services at any time, with or without cause and without prior notice; and that volunteers are not permitted to disclose any form of confidential information relating to patients, donors or staff of the Organization.

12. I acknowledge that I have not been arrested or convicted of a crime listed in the Sex Offender Registration Act of California Penal Code Sections 290 (c), and 667.5(c) and that I am not listed as such on the Megan's Law Database: <http://www.meganslaw.ca.gov/>.
13. As a medical volunteer, I agree to provide the following documents: TB Test (within one year), Hepatitis A, B series, and C Immunizations. As a provider, I will provide proof of my Active State License and Malpractice Insurance Coverage.
14. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

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Signature

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Date

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Printed Name