

VOLUNTEERS ACKNOWLEDGEMENT FORM
Effective Date: 4/1/2007



The Volunteers Handbook describes important information about HOPE MEDIVAN, and I understand that I should consult my supervisor or the Administrator regarding any questions not answered in the handbook.

Since the information, policies, and programs described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Board of Elders of HOPE MEDIVAN has the ability to adopt any revisions to the policies in this handbook.

I have received an opportunity to review the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it (www.hopemedivan.com).

Statement of Confidentiality

Due to the nature of information available through the HOPE Medivan, it is imperative that each staff member, whether paid or unpaid, understands and is committed to the issue of confidentiality.

As a volunteer of the HOPE Medivan, I agree to respect and maintain the confidentiality of all information, whether written or verbal, which pertains to the services provided by the HOPE Medivan and to make no voluntary disclosure of such information pertaining to patient or staff information without the express written consent of the Administrator or other appropriate authority.

If I encounter a patient outside of the HOPE Medivan, I agree not to acknowledge the patient unless first acknowledged by the patient. At no time will I acknowledge to anyone that I know the patient from the HOPE Medivan.

Failure to comply with this policy may result in termination.

VOLUNTEER'S NAME (printed): _____

VOLUNTEER'S SIGNATURE: _____

DATE: _____