



Volunteer Youth Commitment and Confidentiality Agreement

- I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- I agree to consider as confidential all information which I may hear directly or indirectly concerning Crozer-Keystone Health System's patients, physicians, other professional staff, employees or any other volunteers, and will not seek confidential information in regard to the same.
- My services are donated to the Hospital and all CKHS entities without contemplation of compensation or future employment, and given with humanitarian and charitable reasons.
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on any CKHS premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and /or immunizations that may be necessary as part of my volunteer service. I authorize the person(s) making test of x-ray films to report to the Director of Volunteers.
- I shall make my best effort to fulfill my commitment to CKHS by completing all assignments that I accept.
- I shall be punctual and conscientious in the fulfillment of duties and accept supervision graciously.
- I shall conduct myself with dignity and consideration for others.
- I shall at all times uphold the philosophy and standards of the Health System.
- I shall endeavor to make my work of the highest quality.
- I shall uphold the traditions, standards and core values of the health System, which includes: **Compassion, Respect for the dignity of persons, Service Excellence.**

(see other side)

- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department Director, would make my continued services as a volunteer contrary to the best interests of CKHS..
- I understand that CKHS assumes no responsibility for any contact, visits or services provided to me outside of the responsibilities assigned through the volunteer program of the Medical System.

I have read each of the above conditions and I agree to be bound by them.

Name (please print): _____

Signature: _____

Parent/Guardian Signature if
Volunteer under age 18: _____

Date: _____