



Volunteer Agreement & Expectations

Volunteering is a rewarding experience, especially here where patient gratitude is vocal and frequent, and environment is collegial. More than 650 active volunteers provide over 25,000 hours of service each year at Free Clinic of SW Washington. While some agencies may place volunteers in supplementary service roles, FCSW volunteers are the **primary service providers**, and therefore critical to Free Clinic staffing. *Please review this agreement carefully and ask any clarifying questions before you agree to these conditions.*

Commitment

I agree to keep my *minimum* service commitment to Free Clinic as noted below, and to provide notice to the volunteer office when I will end my service relationship with Free Clinic.

1 shift per month for one year *other* _____

Attendance

I am aware that my attendance at scheduled shifts is critically important to staffing and patient care. I agree to attend, on time, all my scheduled shifts, unless I am ill. I promise to notify the clinic as soon as possible if I am ill and unable to attend my shift. In the case of a last-minute emergency absence, I will do my best to reach a *live person* (not voicemail) at least **two hours before clinic start time**.

Confidentiality

I agree to respect, and keep confidential, all patient personal and medical information. Health professionals promise to maintain HIPAA privacy standards. Volunteers who are not currently HIPAA certified health professionals will sign and adhere to the Patient Confidentiality Agreement.

Respectful & Cooperative Environment

I agree to provide services with courtesy and respect to all patients; maintain a collaborative environment with my peers; and to treat my co-workers with respect. I agree to cooperate with employees and team leaders and to comply with all Free Clinic policies. I will communicate any incidents, concerns, or disputes as soon as they arise with an employee or team leader.

Volunteer Expectations

Free Clinic promises to provide adequate orientation, training, and flexible scheduling, to support your volunteer work, as well as to respect and recognize your efforts. Free Clinic employees promise to be available to you for questions or concerns, and to provide an organized, efficient, friendly, and collaborative environment for volunteer service.

I have read, understand, and agree to abide by, the above expectations.

Volunteer's Name (please print)

Signature

Date

If the applicant is a minor on this date, parental permission is required.

I (print name) _____, hereby give my permission for my minor child to participate as a volunteer with Free Clinic of SW Washington. I agree to take full legal responsibility for the minor child. I will encourage and support my minor child to meet all the requirements and commitments pursuant to this volunteer service.

Parent or Guardian (please print)

Signature

Date