

**Complete the information in the sections that are checked.**

**Volunteer Contract**

I understand the policies, rules and benefits of volunteering at Mary Greeley Medical Center. I understand that my services are voluntary and may terminate at any time. I understand my responsibilities concerning confidentiality. I agree to not discuss any information regarding patients, visitors, or families with anyone outside Mary Greeley Medical Center. I understand that confidential information should only be discussed with other staff or volunteers when needed for patient care.

I agree to volunteer for a minimum six month or one year commitment (depending on the assignment) to include any necessary vacation or school breaks. I agree to abide by the tobacco campus policies. I agree to uphold the mission, vision, and values of Mary Greeley Medical Center. I agree to participate in facilitation of required paperwork including annual re-orientation. I agree to abide by all rules and policies governing Mary Greeley Medical Center.

Volunteer Name (Printed):

Volunteer Signature: Date:

**Emergency Contact Information:**

In an EMERGENCY, please contact:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Share Information:**

I give permission to Volunteer Services to share my picture, name, and volunteer shift with other volunteers with the same assignment.

\_\_\_\_\_\_\_\_\_\_\_

Initials

**Meals on Wheels Volunteers Only:**

I understand that Mary Greeley Medical Center’s liability insurance is primary while acting as a representative of Mary Greeley Medical Center. This is liability coverage only.

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Initials