

VOLUNTEEN CODE OF CONDUCT

As a Volunteer at Driscoll Children's Hospital:

1. I will keep absolutely **confidential** all information that I may obtain directly or indirectly concerning patients, doctors, or any other staff. I will not seek to obtain any confidential information from a patient. I understand that a violation of confidentiality will result in immediate dismissal.
2. I will conduct myself with dignity, courtesy, and consideration of others and endeavor to make my work professional in quality. I will make every effort to practice the best standards of customer service exhibiting a positive, upbeat, and caring attitude to help promote a healing atmosphere for patients, families, and the Driscoll team.
3. I will submit to a TSpot blood draw TB test and chest x-ray if needed, and submit copies of my immunization records as required for my Volunteer service. I hereby authorize my doctor(s) to furnish the Hospital with information concerning my health.
4. I understand that, as a Volunteer, I will join the Auxiliary to Driscoll Children's Hospital and am required to pay annual dues of \$5.00. I also understand that the Auxiliary dues are non-refundable.
5. A hospital-issued ID badge (worn visibly over shirt and above the waist) and t-shirt will be worn with full-length khaki pants and closed-toe, rubber-soled shoes at all times while volunteering in the hospital.
6. I will make my best effort to fulfill my commitment to the Hospital by completing all assignments. If I am released by my department prior to the end of my shift, I will report to the Volunteer Services offices to obtain further assignment or release to go home. I also agree to sign in and out upon arrival for and completion of my shifts.
7. I will attempt to resolve any issues related to my Volunteer activities with one of the Volunteer Coordinators, *and*, if unsuccessful, attempt to resolve any such issues with the Director of Volunteer Services.
8. I will not leave the Hospital at any time during my designated shift unless given prior permission/consent from the Volunteer Services Office. I also understand that if I choose to leave the Hospital at any time without prior permission/consent, I may be subject to disciplinary action, up to and including immediate termination from the Volunteer Program.
9. I understand that the Volunteer Service Department reserves the right to terminate my 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 interest of the Hospital.
10. I understand that there will be absolutely no loitering or lounging at the Information Desk, Cafeteria, Gift Shops, Auditorium, Hospital Cafe, playgrounds, break rooms, restrooms, stairwells, etc. I may wait for my ride in the Volunteer lounge or the front lobby.
11. If I currently serve as a year-round volunteer, I will maintain my current evening/weekend schedule.

Applicant Signature and Date

Parent/Guardian Signature and Date