



Hillcrest Health Volunteer Agreement Form

Hillcrest Health Volunteer Services thanks you for your valuable time donated to enhance the lives of aging adults. We hope that you find this volunteer opportunity to be educational and rewarding.

As a volunteer, I understand and agree that I will be representing Hillcrest Health Services and donating my services in a volunteer capacity. I agree to:

1. Fill out all paperwork, including volunteer service application for Hillcrest Health Volunteer Services.
2. Give Hillcrest Health Volunteer Services consent to do a criminal background check, adult/child abuse check and National Sex Offender check.
3. Participate in Hillcrest Health Volunteer Services Orientation training.
4. Stick to my regularly scheduled volunteer visits or notify the Hillcrest Health Recreation Director of my absence.
5. Follow the supervision and direction of any personnel, team member, or volunteer, to whom I have been assigned to perform services.
6. Participate in any training required for my volunteer role.
7. Maintain confidentiality with regard to all patient's personal, financial, and health information following HIPAA guidelines.
8. Track all volunteer hours in the Hillcrest Health Volunteer Services sign in book each visit.

By signing this agreement, I agree that I am physically, emotionally and mentally able and I accept the above conditions of participation.

I understand that Hillcrest Health Volunteer Services goal is to enhance the lives of aging adults and has the right to deny opportunities for individuals to provide volunteer services.

Volunteer Signature: _____

Printed Name: _____

Date: _____