

## HonorHealth Volunteer Services

**Volunteer Release and Waiver for ONE DAY SERVICE**

November 2020

This Volunteer Release and Waiver ("Release") by \_\_\_\_\_ ("I") is made in favor of Scottsdale Healthcare Hospitals dba HonorHealth on behalf of its Volunteer Services Department ("Volunteer Services"), its directors, officers, employees, agents, representatives, successors, assigns and affiliated entities (collectively, "Parties"). I desire to provide volunteer services for Volunteer Services and understand that I will not be monetarily compensated or otherwise rewarded for my time or work to perform the Services for Volunteer Services.

**Assumption of Risk.**

I understand that the Services I provide includes work that may be hazardous. With full knowledge of the risks involved, I hereby accept and assume all risk and responsibility and further agree to waive, release, discharge, and covenant not to sue any Party for any and all claims, losses, damages, causes of action, suits, and liability of every kind for personal injury, illness, death, economic loss, or property damage which I may sustain resulting from the Services I provide for Volunteer Services.

**Release and Waiver.**

I do hereby release and forever discharge and hold harmless Parties from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Services I provide for Volunteer Services. I understand and acknowledge that this Release discharges Parties from any liability or claim that I or my affiliates, family members, successors, assigns or heirs may have against Parties with respect to bodily and emotional injury, including pain and suffering, to myself or to others, personal injury, illness, death, economic loss, or property damage that may result from the Services I provide for Volunteer Services, whether caused by the negligence of Parties. I also understand that none of Parties assume any responsibility for or obligation to provide me or my affiliates, family members, successors, assigns or heirs with financial, legal, or other assistance, including, but not limited to, medical, health, or disability insurance in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Parties.

**Medical Treatment.**

I hereby release and forever discharge Parties from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency while providing the Services hereunder.

**Photographic and Communication Release.**

I grant and convey to Volunteer Services all rights, title, and interests in any and all photographs, images, video, audio in connection with my providing the Services for Volunteer Services, including, but not limited to, any royalties, proceeds, or other benefits derived from such images, photographs, or recordings. We want to keep you informed of important volunteer news and opportunities, but only in ways you find helpful. Use the checkboxes below to select the kinds of messages you want to receive from us. You can opt out at any time.

Volunteer & HonorHealth / Foundation News       Requests for Help Messages from the Volunteer Office

**Procedures and Policies.**

I agree to follow all procedures and policies, including dress code, as required by Volunteer Services of its volunteers, and agree to conduct myself in a professional manner. I agree not to participate in unlawful harassment, exploitation, intimidation, disruption or interference with the public or other volunteers' work, or other prohibited and/or unlawful activities. I understand that as an "at will" volunteer, my services may be terminated at any time by Volunteer Services, without providing me any reason. I agree to respect confidential information that may be

available to me as a result of my volunteer work with Volunteer Services and agree to not use my volunteer privileges to further any personal business, professional or commercial interests. Furthermore, I agree to follow all federal, state, and local laws in relation to my work as a volunteer.

**Minimum Age.**

I confirm that I am at least 16 years of age.

**Other Terms.**

I currently have no known mental, physical or legal condition that would impair my capability for full participation as intended or expected of me as a volunteer. I understand the Services may require long periods of standing and to effectively and responsibly interact with the public.

\_\_\_\_ by initialing on this line, I confirm I have been vaccinated for Measles, Mumps, Rubella (MMR), and Varicella (Chickenpox). I understand it is my responsibility to know my immunity status and susceptibility to the conditions listed above.

\_\_\_\_ by initialing on this line, I confirm I have been vaccinated the seasonal flu

\_\_\_\_ by initialing on this line, I confirm I have been vaccinated for COVID19

\_\_\_\_ I understand that if I will be in patient-care areas I am required to provide a copy of my proof of vaccination and testing.

\_\_\_\_ I understand it is necessary that prior to volunteering, during volunteering and several days after a volunteer assignment, suspected or confirmed diagnosis of a communicable disease should be reported to my point of contact for the volunteer program.

I agree this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall be not affected.

I have carefully read the foregoing Release and the volunteer guidelines attached and understand the contents thereof and agree and accept this Release and the guidelines below, as evidenced by my signature below, as my own, free and voluntary act. Furthermore I have asked questions if anything was unclear.

Full Name & Group: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Contact (Please Print): \_\_\_\_\_

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

**Consenting Signature and Printed Name of Parent or Legal Guardian if Volunteer is under 18:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**DEPARTMENT UTILIZING VOLUNTEER SHOULD RETURN COMPLETED FORM TO THE CORPORATE VOLUNTEER OFFICE WITHIN 3 DAYS OF EVENT: [VOLUNTEERS@HONORHEALTH.COM](mailto:VOLUNTEERS@HONORHEALTH.COM) • 480-587-5097**

Date of Service: \_\_\_\_\_, 2022, \_\_\_\_\_ Location of Service: Desert Mission Food Bank

Site Contact: Lola Ortiz / Kris Mendoza Phone: 480-369-2412

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## HonorHealth Volunteer Services

### GENERAL VOLUNTEER GUIDELINES

*This list is not exhaustive and additional guidelines and expectations of the Services to be rendered by you will be provided by your site contact when you arrive for your service. You are encouraged to ask questions if anything is unclear.*

**Food Bank Volunteer Service Description:** Desert Mission clients shop at the food bank as they would in a regular grocery store and make their grocery selections with the help of our volunteers. Your volunteer duties may include: sorting and packing various product to be placed in the market for our clients or to be delivered to our partners. Cleaning carts and other areas of the warehouse may be request of yo A health check will be performed when you arrive verifying you have a temperature under 100-degrees and are COVID symptom free. We ask volunteers to serve only if they feel they are 100% healthy on the day of service.

- You will be required to wear a mask for the duration of your service.
- Your safety is your first responsibility. Ask for support from staff when needed. It is your responsibility to decline any task that is outside your scope of service and to decline any task that you are not trained to perform. You may decline to perform any task you feel is physically or emotionally unsafe for you to perform.
- Treat all information received during your service as private and confidential. Use good judgement and be honest and truthful. It is okay to inform the guest that you are not sure of something, and you will find out for them.
- Have a friendly smile for everyone and keep a sense of humor. Look for opportunities to contribute to the success of those around you. Perform your service as a team member; be person-focused and of service to patients/clients, participants, their families, staff, physicians and other volunteers. Our guest's satisfaction is everyone's responsibility; make it a priority.
- Proper hand hygiene is an important practice in preventing infections and the best way to protect our guests/clients and yourself from the spread of infection. Practice frequent and proper hand hygiene during your service using hand gel/sanitizer or by using soap and water.
- All accidents/injuries must be reported immediately to your site contact. You may choose to refuse treatment, but we ask that you notify us of the incident.

**Personal Appearance:** HonorHealth requires a consistent, professional appearance of all who represent us. Please only bring necessary items that you can carry on your person as places to store personal belongings is limited.

- Please dress appropriately for the weather. Early mornings may be chilly. Sunscreen and a hat may be needed.
- Footwear should be flat, rubber-soled, closed-toe, closed-heel shoes (such as tennis shoes). For safety purposes you will not be allowed to volunteer if you are not in appropriate footwear.
- Solid khaki, stone, tan or black colored full-length pants are preferred; Denim/jeans, appropriate-length shorts or capri pants are also acceptable. Avoid wearing: "skinny's," leggings, and/or yoga/athletic attire.
- Hair should be clean and neat. Tattoo's and piercings (other than ear piercings) should be covered.
- Keep jewelry simple as not to be a distraction from your service. No long earrings or chains as these may present a safety risk. Perfumes, colognes, and/or scented hand lotions, & other body scents should be kept to a minimum.

**Use of Social Media:** Volunteers may not post proprietary, client or confidential information on social media sites. It is inappropriate to associate HonorHealth in social media posts to solicit or endorse a personal business venture, political candidate or religious cause.

**Solicitation:** A volunteer may not solicit or distribute literature for any purpose within any HonorHealth facility or site or at any HonorHealth activity. Examples may include but are not limited to: • Distributing literature promoting business or personal interests. • Promoting or distributing religious or political material.

**Sign-in and Sign-out:** Each volunteer is required to check in at the beginning of service and check out when the service is completed. This is legal documentation of your attendance in our facilities as well to track volunteers in the event of an emergency.