

# Volunteer Application Form

## Volunteer Agreement

Thank you for your interest in volunteering at the Dream Center Clinic. Before being placed in a volunteer position there are some important guidelines of which you need to be informed. Volunteering is a fun and rewarding experience, but it requires a commitment, since patients, staff and other volunteers are relying on you.

All volunteers are expected to honor the following statements. Please review them carefully prior to your volunteer orientation and feel free to ask any questions that you may have at that time.

### **AS A VOLUNTEER AT THE DREAM CENTER CLINIC I AGREE TO:**

- $\frac{3}{4}$  Report on time for my scheduled shift.
- $\frac{3}{4}$  Notify the clinic manager at least one week in advance of any cancellations or changes to my volunteer schedule. (We understand that illness and family emergencies are unavoidable but please call the clinic at (843) 225-1115 as soon as you know that you are unable to work a scheduled shift.)
- $\frac{3}{4}$  Comply with all Clinic policies, protocols, procedures, Code of Ethics and patient care policies, and Patient Eligibility Requirements.
- $\frac{3}{4}$  Respect all Dream Center Clinic staff and fellow volunteers.
- $\frac{3}{4}$  Respect and maintain confidentiality in regard to all personal and medical information of patients or former patients of the Dream Center Clinic and not share any information with unauthorized persons.
- $\frac{3}{4}$  Provide care with courtesy and respect to all patients and their family members.
- $\frac{3}{4}$  Report any incidents, concerns, or disputes to the proper Clinic staff.

### **THE DREAM CENTER CLINIC AGREES TO:**

- $\frac{3}{4}$  Provide orientation, training, and support to all volunteers.
- $\frac{3}{4}$  Respect, support, and recognize the efforts of all volunteers.

**The Dream Center Clinic reserves the right to terminate the relationship between itself and the volunteer if at any time service is found to be unsatisfactory or in the event that the provided services are no longer needed.**

Name (please print): \_\_\_\_\_

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