

As a Volunteer...

- I understand that my acceptance into the volunteer program is contingent upon my compliance with the required health screening and attendance at the Hospital Orientation.
- I agree to maintain Mahaska Health Partnership's policy on confidentiality in my volunteer work with patients, staff and visitors.
- I agree to comply with all Hospital Policies and Procedures pertaining to my volunteer assignment.
- I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my position guidelines.
- I understand that any false statements, concealment, background checks, or withholding of information on this application or in any aspect of the application process will be sufficient cause for withdrawal of an offer to participate in the volunteer program or dismissal if I am already placed in a volunteer position.

Print Applicant Name

Applicant signature

Date

If volunteer applicant is under 18 years of age, parent or guardian must complete the parental approval form.