**STUDENT VOLUNTEER AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as a student volunteer with Trinity Health Oakland Hospital in the capacities outlined in my orientation. While volunteering, I understand that expectations are:

* I am a U.S. Citizen and of 16 years of age or older.
* Record hours worked each month by computer.
* Commit to volunteer at least one day per week for a minimum of 2-4 hours per week.
* Have a mandatory annual flu vaccine during flu season (Oct-March).
* Attend all required training and retraining or make arrangements with Volunteer department if unable to attend due to school schedule.
* Follow the Trinity Health Oakland Code of Conduct, Confidentiality and HIPPA Policy.
* If a need arises to change volunteer schedule – it must be first approved by Volunteer Leadership.
* If unable to continue with volunteer assignment(s), a letter of resignation to the Volunteer Specialist will be provided.
* Return name badge once I have discontinued my volunteer service.
* Adhere to the Student Volunteer dress code.
* Cell phone use and texting are prohibited.

Additionally, I understand the following:

* My volunteer service may be terminated at any time for any reason.
* My volunteer service does not guarantee employment at Trinity Health Oakland.

I have read and understand the terms above.

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

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 (if student is less than 18 years of age)

Volunteer Leadership Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_