St Luke's
UNIVERSITY HEALTH NETWORK

Volunteer Health Acknowledgement

Volunteering in a hospital may have risks, similar to visiting other public places, however, those risks are minimized provided the volunteer follows appropriate infection control protocols as outlined in the volunteer orientation.

It is important to recognize those individuals who may be more vulnerable and susceptible to acquiring infections/diseases and determine if volunteering within a healthcare environment is best. All volunteers should speak with their healthcare professional about the risks involved with volunteering in a hospital to ensure that is the best decision for the volunteer. Any questions related to the anticipated volunteer experience can be directed to Volunteer Services, 484-526-4676.

I,_____(volunteer name) agree to the following:
- Consult with my doctor to ensure volunteering is a healthy option for me and do not have co-morbidities that would present a health concern to me.
- Not report to volunteer if I have a sore throat, cough, shortness of breath or otherwise not feeling well. I will call the volunteer office to notify them I will be absent.
- Notify Volunteer Services immediately if I have been exposed to or test positive for COVID-19.
- Understand that I may be required to wear an appropriate mask while volunteering.
- Practice good hand hygiene.
- I understand there are natural and inherent risks of acquiring germs or infections by going to public places, including a hospital. In order to minimize those risks to myself and others, I agree to follow all safety and infection control guidelines set forth by St. Luke's.

I understand and agree to comply with the above guidelines and all educational materials provided.

By signing this form, I am verifying I have spoken with my Primary Care Physician (PCP) about my health, the potential risks associated with volunteering in a hospital and mutually agree that I am not at risk, or identified as vulnerable to acquiring illnesses, and can safely volunteer in a hospital environment.

_____
Volunteer Signature/Date

_____
Under 18 need Parent/Guardian Signature/Date