

Dear Prospective Volunteer,

Thank you for your interest in joining one of Asante Health System' s Therapy Dog Programs. Our volunteers provide an invaluable service to the hospital and the community. We are delighted that you' d like to join us.

Please fill out the included application and return it RVMC Volunteer Services, 2825 E. Barnett Rd, Medford, OR 97504. Requirements for this program are that your dog must be certified by a therapy dog certifying organization such as Therapy Dogs International, Pet Partners, or Therapy Dogs Inc; they must be current on all vaccines and must be licensed in their county of residence. Once we receive your application we will contact you with further information of what else needs to be completed.

Again, thank you for your interest and for taking the time to complete the paperwork. If you have any questions please give us a call at (541) 789-4826.

Sincerely,

Karin Guy  
Director of Volunteer & Spiritual Care Services



## Volunteer Commitment and Agreement

- I shall hold as *absolutely confidential* all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation, compensation or future employment, and given with humanitarian and charitable reasons.
- I may not solicit any business for attorneys or insurance companies “for compensation,” both on or off of Medical Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
- I may not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related with my volunteer activities with the Director of Volunteer Services.
- I shall make my best effort to fulfill my commitment to the Medical Center by completing all assignments that I accept.
- I shall at all times uphold the philosophy, values and standards of the Medical Center.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of failure to comply with Medical Center policies, rules and regulations, or any other circumstances which, in the judgment of the Director of Volunteer Services, would make my continued services as a volunteer contrary to the best interests of the Medical Center.
- I understand that the Medical Center assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the Medical Center.
- Volunteers are not covered under Asante's Medical Insurance should an injury or illness occur while on duty. I also acknowledge the risks associated with working in a hospital environment, where community acquired conditions are possible. **Volunteers MUST have their own personal medical insurance during their volunteer service.**

I have read each of the above conditions and I agree to abide by them.

Name (please print):	Date
Signature:	