

Volunteer Acknowledgements and Waiver

As a condition of volunteering, I give TriCounty Health Medical Reserve Corps permission to conduct a thorough background check on me, which may include a review of sex offender registries, criminal history records and law enforcement records. I give TriCounty Health Medical Reserve Corps permission to inquire into my educational background, references, licenses, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to TriCounty Health Medical Reserve Corps. I understand that all volunteer positions are conditioned upon favorable background information.

I understand that TriCounty Health Medical Reserve Corps is not obligated to provide me with a volunteer placement. I also understand that I am not obligated to accept the volunteer positions offered.

As a volunteer, I agree to be subject to the policies and procedures of TriCounty Health Medical Reserve Corps.

I understand that TriCounty Health Medical Reserve Corps reserves the right to terminate my volunteer status at any time.

I hold TriCounty Health Medical Reserve Corps harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to TriCounty Health Medical Reserve Corps. I understand they will use this information only as part of its verification of my volunteer application.

I verify by my signature below that the above information is accurate to the best of my knowledge, and I have read each of the above items and agree to be bound by them.

Signature

Date

CONFIDENTIALITY / HIPAA

Due to the nature of services that the Medical Reserve Corps (MRC) provides, you may process information that is confidential and not public record. For that reason you are asked to sign a confidentiality statement indicating that you will keep information to which you have access confidential and not discuss it with anyone other than the staff person with whom you are working.

CONFIDENTIALITY PLEDGE

I, _____ certify that I have read the statements above and below and agree to comply with the terms.

I realize that as a TriCounty Health Medical Reserve Corps member, I may acquire knowledge of confidential information from files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

Signature

Date

Volunteer Code of Conduct

- As a volunteer, I will treat everyone with respect, patience, integrity, courtesy and dignity.
- While volunteering, I will not use profanity, or make humiliating, ridiculing, threatening or degrading statements.
- As a volunteer, I will strictly observe all safety rules and use care in the performance of my assigned tasks.
- As a volunteer, I will perform only those assigned tasks that are within my physical capability; and will not undertake any tasks that are beyond my physical capability or ability.
- As a volunteer, I will not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.

Signature

Date

PHOTOGRAPHY CONSENT

The TriCounty Health Medical Reserve Corps frequently takes photographs of volunteers in action during training, exercise, and actual events. In addition, each volunteer is photographed for identification purposes. Photographs may be used on the website, in newsletters, and other publications.

Please sign the appropriate line below:

I give the TriCounty Health Medical Reserve Corps permission to use my photo as stated above.

Signature

Date

I do not give TriCounty Health Medical Reserve Corps permission to use my photo as stated above.

Signature

Date

RECEIPT OF HANDBOOK

I have received a copy of the TriCounty Health Medical Reserve Corps Handbook. I have read and understood the policies and information in it and agree to abide by these policies during my volunteer term.

Signature

Date

After signing, please mail, fax, or email these forms along with a copy of your driver's license for verification purposes to the TCHDMRC Coordinator at:

Kori Tipton / MRC Coordinator
TriCounty Health Department
133 South 500 East
Vernal Utah 84078
k_tipton@tricityhealth.com