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| DBHDD%20blue3 | **Georgia Department of Behavioral Health & Developmental Disabilities***Judy Fitzgerald, Commissioner* |
| **Georgia Regional Hospital at Savannah****Volunteer Services***1915 Eisenhower Drive, Savannah, Georgia 31406* *912-356-2011*  |

Volunteer Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the following:

1. I understand that I must successfully complete all paperwork, training, and requirements before being able to begin volunteering at GRHS.
2. I will comply with all hospital policies and procedure and all applicable laws, rules, and regulations, as well as employee instructions.
3. I will maintain an appropriate uniform and well-groomed appearance as stated in the employee dress code during my volunteer shift. My badge will be visible at all times.
4. I will carry out assignments as outlined and seek the assistance of the Volunteer Services Coordinator when necessary. I recognize that I’m not considered an employee for the purposes of health insurance, worker’s compensation, benefits, or staff ratios.
5. I agree to waive all liability and hold GRHS harmless for any personal injury or property damage I may receive in the course of my volunteer shift.
6. My work hours and assignment will be coordinated and approved by the Volunteer Services Coordinator after considering both my needs and the needs of the hospital. I will provide timely notice to the Volunteer Services Coordinator if I cannot make my scheduled volunteer shift. I will work the number of hours specified in my shift and adhere to all sign-in and attendance policies. If my schedule changes, it is my responsibility to contact the Volunteer Services Coordinator to change my volunteer shifts if necessary.
7. I will return my ID badge when I am no longer an active volunteer.

**I have read all of the aforementioned statements, and I agree to comply with them.**

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Volunteer Signature Date