



Care. Compassion. Life.

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VOLUNTEER AGREEMENT

I, _____, wish to provide volunteer services for

(Please print name)

HealthSET. As a volunteer, I understand that I am not entitled to and will not receive any compensation, salary, benefits or other payments in exchange for my providing volunteer services to the facility. I understand that I am not obliged to provide these services for any length of time, but understand that I am entitled to volunteer my services to HealthSET in the method and manner of my choosing.

I understand that as a volunteer, I am not covered by any state or federal wage and hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits, or any other benefit available to employees.

I understand and agree that I will comply with all rules and standards of conduct that apply to HealthSET employees, including the Community Health Service Organization's (CHSO) policy on confidentiality.

SIGNATURE OF VOLUNTEER

Date: _____