Junior Volunteer Program Agreement

Volunteer Name:_____

Dept./Shift Assigned:_____

(To be determined in the Interview)

- I understand I will be serving as a Junior Volunteer for UVA Health and will abide by the policies and expectations of dress and service of UVA Health Prince William Auxiliary in conjunction with the policies and procedures of UVA Health. Long hair must be braided or in a ponytail. Nails must be kept neat and trimmed. No false nails.
- I understand that in order to participate in the Junior Volunteer Program, I must attend Hospital Orientation and department-specific training date(s).
- I agree to wear my UVA Health Prince William Auxiliary blue polo shirt with khaki pants and black or brown shoes and my badge.
- I understand that I am committing to volunteer the shift assigned to me. My shift may change at the discretion of the department according to the department/unit need.
- I agree and understand that I will volunteer the shift and area assigned to me within my position description and may be asked to perform additional responsibilities on occasion as requested. I understand that I may decline to do any task at any time if I do not feel comfortable or safe.
- I understand that I am responsible for clocking in/out on days I volunteer.
- I understand that I may be asked to attend mandatory department meetings.

- I understand the requirement to complete an Annual Mandatory Education (AME) and quiz each year, receive the seasonal flu vaccination and complete all required forms to continue as a Junior volunteer with UVA Health.
- I understand that I will be exposed to a variety of patient experiences.
- I understand that I am placed in the Junior Volunteer program for a period of one year. I understand that my service can be terminated by me or by the UVA Health Prince William Auxiliary if the position/program is not suited for me or if I fail to follow the policies and procedures of UVA Health or UVA Health Prince William Auxiliary found in the Volunteer handbook.
- My signature below indicates that I have been informed and understand the above information.

Volunteer Name: _____ Date: _____
(Please print)

Volunteer Signature: _____

Parent/Legal Guardian Name: _____ Date: _____
(Please print)

Parent/Legal Guardian Signature: _____

Junior Volunteer Program - Parental Consent Form

Junior Volunteer's name: _____

PLEASE PRINT

Age: _____

A parent/legal guardian must sign this form in order for the child to participate in the Junior Volunteer Program.

- I hereby permit my child to participate in the Junior Volunteer Program of UVA Health and attend all activities conducted at either UVA Health Prince William Medical Center or UVA Health Haymarket Medical Center.

- I understand that in order to participate in the Junior Volunteer Program, my child must have completed all health requirements by the assigned deadline.

- In consideration of UVA Health Prince William Medical Center or UVA Health Haymarket Medical Center allowing my child to participate in this Junior Volunteer Program, I hereby, for myself, my heirs, executors and administrators, agree to release, waive, discharge, covenant not to sue, hold harmless and indemnify UVA Health, UVA Health Prince William Auxiliary, and their respective officers, staff members, employees, agents, directors and members, from and against any and all claims, suits or causes of action arising from or out of any injury that my child or I may suffer as a result of participation in this program, which is not a result of negligent or willful acts by UVA Health, its agents or employees.

- In case of a medical emergency, I hereby permit my child to be treated at UVA Health Prince William Medical Center or UVA Health Haymarket Medical Center.

_____ _____

Parent or Legal Guardian Name (please print) Date

_____

Parent or Legal Guardian Signature

Modified 11/9/23

UVA Health Prince William Auxiliary
UVA Health Prince William Medical Center

Junior Volunteer Program Emergency Contact Form

Name of Applicant: _____ Date:_____

Contact #1

Name: _____ _____
(First Name) (Last Name)
Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Relationship to Applicant: _____

Contact #2

Name: _____ _____
(First Name) (Last Name)
Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Relationship to Applicant: _____

Junior Volunteer Program Immunization History and Clearance

Name of Applicant: _____

Date of Birth: _____ Phone: _____

Address of Applicant: _____

***To the provider: Please fill in dates; the first two immunizations are required**

MMR Vaccine*	***1)***	***2)***		
Chicken Pox* ***(Varicella)***	***1)***	***2)***	Varicella Titer	Results + -
The immunizations/tests below are **Not** mandatory				
COVID-19 Vaccine Documentation History	1)	2)	3)	
Rubeola Vaccine	1)	2)	Rubeola Titer	Results + -
Mumps Vaccine	1)	2)	Mumps Titer	Results + -
Rubella Vaccine (German Measles)	1)	2)	Rubella Titer	Results + -
Hep B (Optional)	1)	2)	3)	Results + -
Oral Polio	1)	2)	3)	4)
HIB	1)	2)	3)	4)
DPT/TD	1) 2)	3) 4)	5) 6)	
TB Skin Test	1)	2)	BAMT Blood Assay	Results + -

Applicant is cleared to participate in the Junior Volunteer Program. _____YES ____NO

If there are any restrictions, please list: _____

Provider's Signature: _____ Date: _____

Practice's Name: _____

Practice Address: _____ Phone: _____

Please Note: An official immunization record may be substituted, provided the information requested above is included. Said record must have either a physician/medical practitioner signature or a medical practice verification stamp. You may also be notified of additional required immunizations, in order to participate in the Junior Volunteer Program.

Modified 11/15/23

UVA Health

Photography, Filming, Videotaping Consent

I (volunteer name), _____, give my permission to be photographed, filmed, and/or recorded as described below.

I give permission to use or share photos of me as described below:

A. YES _____ **B. NO** _____

- I understand that the photograph(s), film(s) or other recording(s) may be used for the following purposes: Internal newsletters, Social Media, and other publications.
- I understand that I may refuse to give permission. My refusal to give permission will not affect my ability to volunteer.
- I understand that I may revoke my permission in writing at any time at or before the recording, film, or image is used. Please submit your written request to either Volunteer Office below:

UVA Health Prince William Medical Center
Volunteer Services
8700 Sudley Road
Manassas, VA 20110

UVA Health Haymarket Medical Center
Volunteer Services
15225 Heathcote Boulevard
Haymarket, VA 20169

- I have read and understand this information.

Volunteer's Name (Printed)	Volunteer's Signature	Date
Parent/Legal Guardian Name (Printed)	Parent/Legal Guardian's Signature	Date

Modified 8/2/22

VOLUNTEER SOCIAL MEDIA POLICY

Communication about UVA Health that is posted online by volunteers must be consistent with UVA Health policies and applicable laws, including laws concerning protected health information, privacy, confidentiality, copyright and trademarks. Violation of UVA Health's Social Media policy may result in dismissal from our volunteer program.

Guidelines for Personal Social Networking

When you communicate online:

1. **Follow all applicable UVA Health policies.** For example, you must maintain patient privacy and never share confidential information about UVA Health. It's OK to talk about your volunteer role – it's fun to share things that make you proud – but anything you say that could identify a patient violates confidentiality and is against UVA policies and federal law.

The HIPAA policy is the one that is most likely to get people in trouble. Everyone knows they can't mention a patient's name in their online (or other) activities, but there is a lot of other information about a patient that is considered protected health information and cannot be disclosed. The key is to remember that **anything** that could identify a patient to someone is a privacy violation.

2. **Do not identify yourself with UVA Health** if your blog, posting or other online activities are inconsistent with or would negatively impact UVA Health's reputation or brand.

3. **Always respect others.** Be courteous and professional. It's all about judgment: using your online postings to degrade others isn't smart or professional.

4. **If you think a post might be inappropriate, it probably is.** Ask the volunteer coordinator about appropriateness if you have any questions. Remember that if you wouldn't want others from UVA Health to see your comments, don't post them online.

5. **Be a "scout" for compliments and criticism.** You are one of our most vital assets for monitoring the social media landscape. If you come across positive or negative remarks about UVA Health or our brands online that you believe are important, consider sharing them by forwarding them to your volunteer coordinator or to UVACHCommunications@uvahealth.org.

6. **Be conscious when mixing your personal life with your volunteer life.** UVA Health respects the free speech rights of all of its employees and volunteers, but you must remember that patients, employees and fellow volunteers often have access to the online content you post. Remember that information originally intended just for friends and family can be forwarded.

(Please keep this policy for future reference.)

Modified 3/23/22

SOCIAL MEDIA POLICY

I have read and understand the contents of the Social Media policy and agree to adhere to the policy.

_____ _____

Volunteer Signature Date

_____

Volunteer Name (Please Print)

_____ _____

Parent/Legal Guardian Signature Date

_____

Parent/Legal Guardian Name (Please Print)