

Summit County Health Department Medical Reserve Corps Volunteer Agreement

Volunteer Acknowledgements and Waiver

As a condition of volunteering, I give Summit County Health Department 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 Summit County Health Department 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 Summit County Health Department Medical Reserve Corps. I understand that all volunteer positions are conditioned upon favorable background information.

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

I hold Summit County Health Department 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 Summit County Health Department Medical Reserve Corps. I understand they will use this information only as part of its verification of my volunteer application.

Photography Consent

The Summit County Health Department Medical Reserve Corps frequently takes photographs of volunteers in action during trainings, 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.

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 act in the capacity of a MRC responder and present myself as a MRC member ONLY with prior authorization/deployment by the MRC Coordinator, or by the Health Director or their designee.
- As a volunteer, I will maintain and abide by the standards of my profession, including licensure, certification, and/or training requirements to support my MRC role. I will report changes to professional licensure, including suspension or termination, to the MRC Coordinator.
- 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.

Confidentiality

Most County records are classified under GRAMA as public, private, controlled, or protected. HIPAA (Health Insurance Portability and Accountability Act) Legislation provides further protection for protected health information (PHI). **All Medical Reserve Corps (MRC) must abide by the provisions of these Acts, even after their service with the Summit County Health Department MRC ends.**

Each MRC volunteer must protect the communication of confidential information on all county communication systems such as: e-mail, internet access, fax, voice mail, and telephones. All information on these systems is considered property of Summit County.

I agree to protect the following types of information:

- Client information
- All data elements described as protected Information in HIPAA (Section 164-514)
- Any proprietary information
- Information about how automated systems are accessed and operate

I agree to protect private, controlled, or protected information and PHI by:

- Only accessing, using, or modifying this information while performing my official duties.
- Never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons.
- Never accessing or using such information out of curiosity, or for personal interest or advantage.
- Never showing, discussing, or disclosing this information with anyone who does not have the legal authority or the "need to know."
- Storing confidential information in a place physically secure from access by unauthorized persons.
- Never removing confidential information from the work area without authorization.
- Disposing of this information using an approved method of destruction, such as: shredding, burning, or certified witness destruction. Never disposing of such information in wastebaskets or recycle bins.

I understand that no private, controlled, or protected information may be used, released, or discussed without authorization and approval as determined by Summit County policy, Department standards, or appropriate legislation such as HIPAA. Access without authorization, use, modification, disclosure, or destruction of private, controlled, or protected information; inadvertently or with purpose is a serious infraction, and may be subject to disciplinary action. I further understand that the penalties for unauthorized access, use, modification, disclosure, or destruction may include criminal or civil action.

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 all of them.

Print Full Name (First, Middle Initial, Last)

Signature

Date Signed