

Statement of Understanding

May 2015 Revised

Munson Medical Center makes a large investment in each person who comes into our facility to volunteer. Therefore, it is important that each volunteer applicant understand and agree to the items listed below. Volunteer placement is contingent on acceptance in the program following successful completion of the interview and screening process.

- **Please read each. Please sign below to confirm agreement and understanding:**
 - Volunteers agree to complete 100 hours of volunteer service over a six month period of time. These hours are generally served in one shift of four hours each week over a six month period of time. Exceptions must be agreed upon during your interview.
 - Volunteer service is provided to Munson with no remuneration. There is no association, either actual or implied, between Volunteer Services and employment with Munson Medical Center.
 - Volunteers do not have an advantage over other applicants for open positions with Munson Medical Center.
 - Volunteer Services Department will not write letters of service confirmation for those who do not complete their 100 hour six month service agreement.
 - After an interview, the average amount of time to complete the volunteer onboarding/placement process is 4-6 weeks. I understand that if I fail to complete each step in a timely manner or if my total onboarding time exceeds 6 weeks, Volunteer Services reserves the right to rescind the offer of placement in the Volunteer Program.
 - I understand that in order to continue in MMC Volunteer Services, my conduct must be satisfactory to the hospital, and that the MMC Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
 - a) Failure to comply with hospital policies and procedures.
 - b) Absences without prior notification.
 - c) Unsatisfactory attitude, work or appearance.
 - d) Any circumstances which in the judgment of the MMC Volunteer Services Department Manager would make my continued service as a volunteer contrary to the best interests of the hospital.

Volunteer (Print Name) _____ **Date** _____

Signature _____