



FAMILY CENTERED CARE AND VOLUNTEER SERVICES DEPARTMENT FCCP PARTICIPANT AGREEMENT

I, _____, have requested to be a volunteer participant at St. Jude Children's Research Hospital, Inc. ("St. Jude") for the Family Centered Care Program ("FCCP"). I understand that my services as a volunteer participant are important to the research, education, and outreach of St. Jude.

I agree to treat all information that I may hear about patients, families, hospital personnel, and hospital policies and procedures as confidential. I understand that Federal law protects patients from having their personal health information impermissibly used or disclosed. I understand that confidentiality is essential to the effective functioning of any Quality Management, Peer Review Committee, Family Advisory Council, mentoring program or other Family Centered Care (FCC) initiative (herein known as "Committee") that I may serve on as a FCCP Volunteer, and that I will be required to acknowledge and sign a Confidentiality Agreement before I begin serving as a volunteer at St. Jude. Any person who assists on a Committee (s) may be immune from liability to *any* person for providing information to the Committee, unless such information is false and the person providing it had actual knowledge of such information being false.

I agree to serve as a volunteer as agreed to by the FCC Coordinator and myself. I understand that my services are that of a volunteer and not as an employee of the St. Jude. I understand that I am not entitled to, nor do I expect, any present or future salary, wages or other benefits (e.g., health and medical benefits) in exchange for my services. My services are given without contemplation of future employment, and are given for humanitarian, religious, or charitable reasons. In some instances, I understand I may receive a stipend to defray costs associated with participation but it is not considered income. I agree to notify the FCC Coordinator if I am unable to attend a Committee meeting(s) or other event(s) as scheduled. I will not report to work with a temperature of 38.0°C (100.4°F) or greater, measles, mumps, chicken pox, shingles, boils, infected lesions of the hands, streptococcal pharyngitis ("strep throat"), conjunctivitis (pink eye), or if I have cold or flu-like symptoms (cough, runny nose, sneezing).

I have been instructed in and understand St. Jude's safety procedures and the Universal Precautions policy, and I will conduct myself accordingly. I understand that as a volunteer I am covered under an accident insurance policy provided by St. Jude, except when I fail to follow St. Jude's policies, as well as the particular instructions for the research/clinical study areas. I understand I am otherwise responsible for maintaining my own health, medical and automobile liability insurance coverage, and that any conditions, injuries or damages that are outside the scope of the volunteer accident insurance policy provided by St. Jude may not be covered under any of St. Jude's insurance policies. I have been informed that hazardous biological and chemical materials, including radioactive substances, are used in the research area at St. Jude, and I agree to adhere to all applicable safety guidelines.

I agree to abide by the policies and procedures set forth in the St. Jude Volunteer Orientation Manual, including St. Jude's Fire Plan R.A.C.E. I fully understand the Infection Control policies and procedures and any additional information provided to me by my department supervisor and other St. Jude personnel.

I agree to notify the the FCC Coordinator immediately of any incident that occurs or may occur within my knowledge, which causes or threatens harm or places anyone or anything on the St. Jude campus at risk.

I understand St. Jude will hold harmless and defend me against third-party claims based on services I perform, in good faith as a volunteer under this Agreement. I understand that if I am responsible for any injury or property damage to a third party while acting outside the scope of my assigned responsibilities as a volunteer, I may be personally liable for any associated claims, fees, expenses, judgments, or damages.

I understand that the FCCP reserves the right to terminate my volunteer status as a result of (a) failure to comply with St. Jude policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any circumstances which, in the judgment of the FCC Coordinator or St. Jude would make my continued service contrary to the best interests of St. Jude. It is also understood that I may terminate my services as a volunteer at any time.

Print Name

Volunteer Signature

Date

Witness Signature

Emp # Date