

VOLUNTEER APPLICATION

SECTION I: BASIC INFORMATION

Date:

Last Name:		First Name:		M.I.
Street Address:			Apt #:	
City:	State:	Zip:	County:	
Primary Phone #:		Alternate Phone #:		
Accept text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Leave voicemails ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Best time to contact you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
Email:				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*All those under 18 are required to have a signed parental consent to volunteer at Vivent Health*</i>				
Are you looking to complete community service hours? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you looking to complete an internship or similar? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever volunteered for Vivent Health? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when and in what capacity?				
How did you learn of Vivent Health Volunteer Program?				
What skills do you possess that you would like to utilize in your volunteering experience? (Examples: computer skills, team management, great communication, fluent in additional languages, etc.)?				
Do you hold any licensures or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify:				

Please send application to crc@viventhealth.org

SECTION II: VOLUNTEERING

Please consider me for the following positions, listed in order of interest:

1.	Location: Choose an item.
2.	Location: Choose an item.
3.	Location: Choose an item.

How many hours are you looking to volunteer?

Days:	Months:
Weeks:	Years:

Please input times you are available to volunteer.

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

QUESTIONS:

What has motivated you to become a volunteer for Vivent Health?
How has the HIV/AIDS epidemic affected you?
Do you have any concerns or apprehensions about volunteering at Vivent Health? If so, what are they?
What do you hope to receive from your volunteer experience with Vivent Health?
What is your present knowledge of HIV/AIDS? <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional

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VOLUNTEER CODE OF ETHICS

As a volunteer, I realize I am subject to a code of ethics similar to that which binds the employees who work for Vivent Health. I understand I must always remain in compliance with HIPPA regulations. Like them, I assume assigned responsibilities and am accountable for what I do. I interpret “volunteer” to mean that I have agreed to work without monetary compensation or promise of employment, but having been accepted as a worker, I am expected to do my work according to standards established by Vivent Health.

I will keep confidential matters confidential. Any information asked of clients shall be kept in records and/or files maintained by Vivent Health. All information in these records will be made available only to Vivent Health paid and volunteer staff involved with providing clients with counseling and other support services and will not be made available to other individuals or agencies without prior written consent by the client. All paid and volunteer staff are required to keep all information relating to clients completely confidential. Clients’ lives and identities should be shared only with relevant paid and volunteer staff and not with close friends or family. Discreet, appropriate, and necessary discussion of clients’ records and/or status among paid and volunteer staff does not constitute a breach in confidentiality. I promise to take an open-minded attitude to work, to be willing to be trained for my position(s), and to bring interest and attention to the work I have been assigned. I plan to learn how I can best service Vivent Health clients and the community in which I we work to stop the spread of HIV.

I hereby attest that the information provided on this application is complete and true to the best of my knowledge.

Volunteer Signature: _____ Date: _____

Volunteer Name: _____

VOLUNTEER MANAGER SECTION:

Volunteer Manager: _____

Background Check Completed: Yes No

Application Approved: Yes No

Volunteer Position Approved: _____ Date: _____

Approving Manager Signature: _____

VIVENT HEALTH

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION AND VIVENT HEALTH CONFIDENTIAL INFORMATION

I understand that Vivent Health, including Vivent Pharmacy or other Vivent Health owned entities, has a legal and ethical responsibility to safeguard the privacy of all clients/patients and to protect the confidentiality of their Protected Health Information (PHI) and other private information, including LGBTQ status. I understand that Vivent Health has a HIPAA Compliance Program and policies and procedures to ensure compliance with HIPAA Privacy and Security laws. Additionally, Vivent Health must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, business or trade secrets, management information, and other proprietary or protected information (collectively "Confidential Information").

In the course of my assignment at Vivent Health and Vivent Health owned entities, I understand that I may come into the possession of PHI and Confidential Information in physical, electronic, and intellectual formats. I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Vivent Health's PHI and Confidential Information.

1. I agree to comply fully with Vivent Health's HIPAA Compliance Policies. I will not disclose or discuss, without appropriate written consent, any PHI or Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any PHI or Confidential Information other than what is required to do my job. I will ensure that any PHI or Confidential Information in paper or tangible format is stored in a locked file cabinet in a locked room at a secure Vivent Health facility if it is required to be retained. I will ensure that any paper PHI or Confidential Information that is not required to be retained is immediately placed in secure shredding bins for destruction.
3. I will not discuss PHI or Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, on public transportation, at restaurants, and at social events). It is not acceptable to discuss PHI or Confidential Information in public areas even if a client's/patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.
4. I agree to report immediately any impermissible use, disclosure, acquisition or access of PHI or Confidential Information, whether intentional or inadvertent by myself, another Champion or any other person of which I become aware to my supervisor and a HIPAA Compliance Official at Vivent Health.
5. I will not make inquiries about PHI or Confidential Information for other personnel who do not have proper authorization to access such PHI or Confidential Information.
6. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason. I further understand that all computer access activity is subject to Agency audit.
7. I will not make any unauthorized transmissions, inquiries, modifications, or purging of PHI or Confidential Information in Vivent Health's computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring PHI or Confidential Information from

Vivent Health's computer system to unauthorized locations, devices, or systems (for instance, home or personal devices).

8. I will either log off any computer prior to leaving it unattended or have in place a pass code protected screen saver.
9. I will comply with any security or privacy policies disseminated by Vivent Health to protect the security and privacy of PHI or Confidential Information.
10. I understand that Champion human resource information is strictly confidential and will be disclosed only by authorized human resource Champions.
11. I will not release any 340B acquisition or retail costs unless I first have the written approval of the Vice President & Chief Pharmacy Officer, the Vice President of Compliance and General Counsel, or the CEO.
12. I will immediately report to my supervisor or the VP of Champion Resource Center of any activity, by any person, including myself, that is a violation of this Agreement or of any Vivent Health information security or privacy policy.
13. Upon end of assignment, I will immediately return any documents or other media containing PHI or Confidential Information to Vivent Health along with all Vivent Health property.
14. I agree that my obligations under this Agreement will continue after the termination of my employment.
15. I understand that violation of this Agreement may result in criminal legal liability and/or disciplinary action or sanctions, up to and including termination of assignment and/or suspension and loss of privileges, in accordance with Vivent Health's Policy.
16. I understand and agree that my obligations under this Confidentiality Agreement shall survive the end of my association with Vivent Health.

By signing this document, I understand and agree to the following: I have read the above agreement and agree to comply with all its terms.

Signature of Volunteer/Student Intern: _____ Date: _____

Print Name: _____

TO BE FILED IN EMPLOYEES PERSONNEL RECORD

Received in CRC by: _____ Date: _____

HEPATITIS B FACT SHEET

What is Hepatitis B?

Hepatitis B is a potentially life-threatening liver infection caused by the Hepatitis B virus (HBV). It is a major global health problem. It can cause chronic infection and puts people at a high risk of death from cirrhosis, liver cancer or liver failure. There are two kinds of Hepatitis B:

- Acute (short-term)
- Chronic (long-term)

HBV can survive outside the body for at least 7 days. During this time, the virus can still cause infection if it enters the body of a person not protected by the vaccine. The incubation period of HBV is 75 days on average but can vary from 30 to 180 days. The virus can be detected within 30 to 60 days after infection and can persist and develop into chronic Hepatitis B.

Up to 1.4 million people in the United States may have chronic Hepatitis B infection. Each year, about 2,000 people in the United States die from Hepatitis B-related liver disease.

How is Hepatitis B transmitted?

HBV is most commonly spread from mother to child at birth or through exposure to infected blood. It is also spread by exposure to various body fluids, as well as through saliva, menstrual, vaginal, and seminal fluids. Sexual transmission of Hepatitis B can occur, as well as through reuse of needles and syringes, or sharing razors or toothbrushes with an infected person. In addition, infection can occur during medical, surgical and dental procedures, through tattooing, or through contact with the blood or open sores of an infected person.

Symptoms

Most people do not experience any symptoms during the acute infection phase. However, some people have acute illness with symptoms that last several weeks, including yellowing of the skin and eyes (Jaundice), dark urine, extreme fatigue, nausea, vomiting and abdominal pain. In some people, HBV can also cause a chronic liver infection that can later develop into cirrhosis or liver cancer

Who is at Risk for Chronic Disease?

The likelihood that the infection becomes chronic depends upon the age at which a person becomes infected. Children under age 6 who become infected with HPV are the most likely to develop chronic infections, especially if they became infected in the first year of life. In adults, 20 – 30% of persons who are chronically infected with HBV will develop cirrhosis and/or liver cancer. About 1% of persons living with HBV infection are also infected with HIV.

Hepatitis B Vaccine

The HBV vaccine cannot cause Hepatitis B infection. Historically, the vaccine was given in 3 doses, with the second dose given 1 month after the first dose, followed by a third dose given 6 months after the second dose. A 2-doses vaccine has now become available and is gaining popularity.

The HBV vaccine gives more than 90% protection.

All children under age 19 need to get the Hepatitis B vaccine as part of their routine vaccine schedule.

Many adults should consider getting the Hepatitis B vaccine.

Adults at Increased Risk for Hepatitis B

- Health care workers at risk of exposure to Hepatitis B
- Have diabetes
- Have sex with or live with someone who has Hepatitis B
- Have sex with more than 1 partner
- Have a sexually transmitted disease (STD)
- Are a man who has sex with men
- Use injectable drugs
- Have household contact with someone infected with the Hepatitis B virus
- Get hemodialysis for kidney problems
- Are living with chronic liver disease or HIV infection
- Travel to countries where Hepatitis B is common

Who Should Not Get the Hepatitis B Vaccine?

- Anyone who has had a life-threatening allergic reaction to the Hepatitis B vaccine
- Anyone who is moderately or severely ill should likely wait until you recover. (If you have only a mild illness such as a cold, it's fine to get the Hepatitis B vaccine)

Side Effects of Hepatitis B Vaccine are Usually Minor

- Most people who get the Hepatitis B vaccine do not have any problems with it, and minor problems go away on their own
- Soreness or redness at the vaccine injection site
- Fever
- Serious side effects from the Hepatitis B vaccine are very rare, and can include hives, swelling of the face and throat, difficulty breathing, dizziness, or weakness, and should start within minutes or a few hours after vaccination. If this should occur, call 911 or get to the nearest hospital.

Additional information on Hepatitis B

Can be made available through:

- Your health care provider
- Your local or state health department
- The CDC at 1-800-CDC-INFO (1-800-232-4636)

(Sources: World Health Organization and Centers for Disease Control & Prevention)

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HEPATITIS B VACCINATION FORM

Hepatitis B Vaccination Consent:

I have read and understand the Hepatitis B Vaccine Information provided to me. My signature below indicates my acknowledgment of this information and my decision.

As a result of the information about Hepatitis B virus provided by Vivent Health, I have learned that I may have an increased risk of Hepatitis B infection as a probable result of my volunteering. In light of this increased risk of Hepatitis B infection I have been offered the opportunity to receive Hepatitis B vaccination.

I wish to participate in the Hepatitis B vaccination program and will contact the CRC to get vaccinated and scheduled.

Signature of Volunteer: _____ Date: _____

Name (please print): _____

Hepatitis B Vaccination Declination:

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. However, I decline said vaccine at this time. As a volunteer, I decline to receive the vaccine through my personal physician. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease.

Signature of Volunteer: _____ Date: _____

Name (please print): _____

Previous Hepatitis B:

I have been previously vaccinated with the Hepatitis B vaccine. The vaccination process for Hepatitis B included 3 separate vaccinations over a period of 6 months. Until the U.S. Public Health Service recommends a booster dose, further vaccinations for Hepatitis B will not be required.

Signature of Volunteer: _____ Date: _____

Name (please print): _____

POLICY ON PRE-VOLUNTEER PLACEMNT AND ANNUAL TB TESTING

Purpose: All volunteers of Vivent Health must obtain a pre-volunteer placement TB test and an annual TB test thereafter. TB testing is a condition of volunteering.

Process: Any individual who has accepted a role at Vivent Health must obtain a pre-volunteer placement TB test prior to beginning work at Vivent Health, or no later than 14 days following the start of volunteering. The new volunteer will be advised of this requirement by staff of the CRC, and reference to this mandatory test will be included in the volunteer placement acceptance. TB testing can be obtained free of charge by the new volunteer through any of the Vivent Health Medical Clinics. The new volunteer may also submit proof of TB testing that was administered within the previous twelve-month period through another provider. Proof of TB testing must include the volunteer's name, date and result of test, the type of test administered, and the name of the provider and facility where the test was administered. On an annual basis, a TB test and Influenza (flu) vaccination are required. These two requirements can be done for free at any Vivent Health Medical Clinic. For volunteers in offices without an Vivent Health Medical Clinic, Vivent Health will reimburse volunteers if those volunteers incur a fee for getting their TB test and/or flu shot from their own physician or a community resource. Please note: Vivent Health does not reimburse volunteers if they choose to have their TB test and/or flu shot done outside of an Vivent Health Medical Clinic unless they have advanced permission to do so.

Following the pre-volunteering testing, TB testing is required annually. CRC staff will provide Volunteers with a 30-day notice in advance of the date they are due for annual testing. Records of annual TB testing will be maintained within the volunteer's file.

Failure to adhere to policy: Volunteers will have 30-days following the expiration of their previous TB test to set up an appointment and obtain the needed test. Should test results not be submitted within the 30-day period, a second, follow up notification will be sent to the volunteer and his/her supervisor. The second notification will permit the volunteer an additional 21-days to complete the testing process. Should the volunteer fail to submit proof of testing following a second request, the volunteer may be placed on temporary suspension until he/she complies.

Testing requirements for individuals with previous positive TB test results: Volunteers with documented previous positive TB testing results must obtain an annual review of their possible exposure to TB. Volunteers with previously reported positive TB testing results must complete a TB status review form, available through the CRC, which will be reviewed by Vivent Health Medical Director. Results of this review will be reported to and maintained by CRC and Vivent Health staff.

NOTIFICATION OF VIVENT HEALTH INFLUENZA VACCINATION POLICY

Purpose: Vivent Health is committed to excellence in health care for its clients and patients. In accordance with this commitment, and in keeping with the policy of other health care organizations in the region, Vivent Health has adopted a policy of mandatory annual influenza vaccination for staff, students, fellows, interns, Public Allies, and volunteers (covered persons). This policy has been implemented to protect our staff, patients, clients, and their families, non-employees, as well as Vivent Health institutional partners from acquiring seasonal influenza disease and to prevent the unnecessary spread of the influenza virus. This is particularly important, given the immune-compromised status of the population we serve.

Policy: As a condition of new or ongoing volunteering, Vivent Health requires annual influenza vaccination of all Vivent Health employees/volunteers regardless of the type of employment, such as full-time, part-time, contracted, temporary, or limited term staff, as well as most volunteers. This policy applies to all individuals regardless of their location or their amount of patient contact. Influenza immunization or proof of immunization must be completed annually unless an exemption is granted in accordance with this policy. Exemptions must be renewed annually. Covered persons who join the organization will be required to present proof of influenza immunization or will be given the influenza vaccine if hire date is between September 1 to March 31 of each year, dependent upon vaccine availability. Anyone who joins Vivent Health outside of the months when influenza vaccine is available will be required to comply with vaccination the next influenza season. Vivent Health will set the relevant dates of the anticipated influenza season each year; this will be determined based upon local incidence and recommendations from the Centers for Disease Control and Prevention. The influenza season typically extends from November to April but can start earlier or extend longer in certain years.

Please note: If you receive an influenza vaccine outside of Vivent Health, please include documentation of the following: your name, your date of birth, name & organization of the provider giving the vaccine, date the vaccine was received, type of vaccine given (injected, intradermal: intranasal not acceptable), and vaccine lot number. Additional information is provided on the FAQ sheet.

Exemptions:

Waivers - Exemption from immunization may be granted for medical contraindications or sincerely held religious beliefs. Exemption is limited to specific medical contraindications or religious waiver criteria. The applicable exemption request form must be submitted to Vivent Health Human Resources by the annually designated deadline(s). The exemption consideration process must be completed each year. If an exemption is granted, you may be required to wear a mask when in contact with patients and clients.

Religious Conviction Waiver:

Covered persons seeking to decline vaccination due to a sincerely held religious belief must submit a completed "Request for Religious Exemption from Influenza Vaccination" form to Vivent Health Human Resources Department annually. The Human Resources Director will facilitate the review and determination.

Medical Contraindications Waiver:

Covered persons who meet the requirements of contraindication for influenza vaccination must submit a completed "Request for Medical Exemption from Influenza

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Vaccination” form to Vivent Health Human Resources Department annually. Proof of medical contraindication must be signed by the Covered Person's treating Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Physician Assistant (P.A.) or Nurse Practitioner (N.P.) advising that administration of influenza vaccine would be detrimental to the health of the Covered Person, and rationale must be consistent with AAP and CDC guidelines. Covered Persons are not permitted to sign their own medical exemption request form as the treating provider. Documentation will be reviewed by the Vivent Health Medical Director or assigned designee and may include contact with the licensed healthcare provider signing the exemption request. The Vivent Health Medical Director, or designee, will make a recommendation to the Human Resources Director for a final determination.

Consequences of Non-Compliance:

Covered persons without documentation of vaccination or an approved exemption by the designated annual deadline will be considered non-compliant with the mandatory influenza vaccination program. Non-compliant individuals will be removed from the work schedule and will have seven calendar days to meet the mandatory program requirements. Noncompliant individuals failing to obtain the vaccine within the seven-day period will be considered to have voluntarily resigned from their position. Department leaders will work with the CRC staff in the administration of this policy related to non-compliance. A copy of the complete policy and procedures, as well as Medical and Religious Exemption request forms are available on the Vivent Health employee public drive.

HARASSMENT & SEXUAL HARASSMENT

Vivent Health is committed to providing a work environment where all employees, contractors, volunteers, patients, and visitors can work and interact together comfortably and productively, are treated with courtesy, respect and dignity and are free from all forms of harassment, including discrimination. Vivent Health prohibits discrimination and harassment of any kind against or by its employees/volunteers engaged in any work-related activity at or away from Vivent Health. Unwelcome verbal or physical conduct or retaliation towards any member of a protected class as defined by law, based on race, gender, religion, skin color, national origin or ancestry, physical disability (including pregnancy) or mental disability, age, gender, identity, sexual orientation, legally protected medical condition, family care status, veteran status, genetic characteristics, or other protected categories, constitutes harassment when it creates a hostile or offensive work environment or specifically discriminates against such a member. Examples of harassment, directed at employees/volunteers, their relatives, friends, or associates, include, but are not limited to:

- Epithets, slurs, derogatory comments, or jokes
- Intimidation or coercion
- Negative stereotyping
- Threats, assault, or any physical interference with the employee's/volunteer's normal work or movement
- Conduct that is not freely and mutually agreeable to both parties
- Written or graphic material placed on walls, bulletin boards, sent via electronic media, placed elsewhere on Vivent Health premises, or circulated in the workplace that denigrates or shows hostility or aversion towards an individual or group because of characteristics listed above.

Harassment is determined by the individual to whom the comment or conduct is directed or by anyone affected by the comment or conduct when it is deemed inappropriate and offensive, regardless of whether or not the employee/volunteer means to give offense. The harasser can be the victim's co-worker or supervisor, a supervisor in another area, senior management staff, or a non-employee such as a patient or visitor. The victim as well as the harasser may be a woman or a man, and the victim can be of the same sex or of the opposite sex as the harasser. Harassment may occur even if the victim does not incur economic injury. Vivent Health strictly prohibits harassment in the workplace, particularly sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct implicitly or explicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. Sexual harassment is limited to conduct motivated by sexual attraction. Vivent Health sexual harassment policy has been and remains clear and more all-encompassing than legal requirement, and is violated when other individuals, whether victims or observers, are offended by sexual comments or conduct.

Sexual and other forms of harassment can involve a broad range of behavior or conduct, including unwelcome advances, request for sexual favors, gestures, gifts, and inordinate attention. Harassment may be verbal (comments, jokes, slurs); physical (stroking, touching); or visual (posters, cartoons). Harassment also includes conduct when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of employment/volunteering or access to services
- Submission to or rejection of such conduct is used as the basis for employment/volunteering decisions affecting the employee/volunteer
- Such conduct interferes with the work performances or creates an intimidating, hostile, or offensive work environment or interferes with the ability of a patient to access services.

An employee/volunteer who feels she or he has been harassed is not required to confront the harasser directly as such confrontation may inadvertently cause the offending behavior to escalate and may place the victim in a more difficult situation. An employee/volunteer who feels threatened by a harasser should immediately withdraw from any such situation and report the incident to Human Resources.

Reporting Discrimination and Harassment:

An employee/volunteer who believes conduct that violates discrimination and harassment policies is occurring, or who has witnessed discrimination or harassment in the workplace, is strongly encouraged to report the relevant facts directly to the Director of Human Resources. Vivent Health encourages prompt reporting and notification of any behavior or conduct that violates these policies so that appropriate action may be taken to end the harassment. However, late reporting of a complaint will not preclude Vivent Health from taking action.

Investigating and Resolving the Compliant:

Vivent Health's Human Resources Department will investigate all allegations of prohibited discrimination or harassment that are brought to its attention. The investigation will be conducted in as confidential manner as is practical and appropriate under the circumstances. Employees, volunteers, or contractors have a duty to cooperate in Vivent Health's investigation of alleged discrimination or harassment reports. Vivent Health will protect the confidentiality of those involved to the extent that it can, consistent with the need to investigate and to address discrimination or harassment. Upon completing its investigation, Vivent Health will communicate its findings to complainant in a manner that is most appropriate and limited to maintain confidentiality. Disciplinary action, up to and including termination of employment, will be taken into consideration with Vivent Health investigation and findings. Employees or volunteers found to have violated these discrimination or harassment policies will be disciplined and possibly terminated. In addition, failing to cooperate or providing false information during an investigation shall be grounds for disciplinary action, including termination. Although Vivent Health has limited ability to discipline a non-employee engaging in harassing or discriminatory behavior (such as a patient, contractor, vendor, or supplier), Vivent Health will take remedial action aimed at stopping the conduct. During the course of the investigation, Vivent Health will attempt to keep the investigation confidential to the extent reasonably possible. Vivent Health will not tolerate false or malicious allegations of harassment. No employee/volunteer will be retaliated against for making a good faith complaint of perceived violation of the policies.

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I acknowledge that I have received Vivent Health policy on Harassment and Sexual Harassment.

Volunteer Signature: _____ Date: _____

Volunteer Name (please print): _____

POLICY ON PRE-VOLUNTEER PLACEMNT AND COVID VACCINATION

Purpose: As a healthcare provider, Vivent Health has a responsibility to its patients, clients, and champions. Thus, as a condition of volunteering, the first dose of the COVID vaccine is required before the start date of volunteering.

Process: Any individual who has accepted a volunteer role at Vivent Health must obtain the first dose of the COVID vaccine prior to beginning work at Vivent Health. The new volunteer will be advised of this requirement by staff of the CRC, and reference to this mandatory vaccine will be included in the volunteer placement acceptance. The new volunteer may also submit proof that the COVID vaccine was administered. Records of the COVID vaccine will be maintained within the volunteer's file.

Failure to adhere to policy: Volunteers will have 30-days following the next shot test to set up an appointment and obtain the needed test. Should vaccine doses not be submitted within the 30-day period, a second, follow up notification will be sent to the volunteer and their supervisor. The second notification will permit the volunteer an additional 21-days to complete vaccine process. Should the volunteer fail to submit proof of vaccine following a second request, the volunteer may be placed on temporary suspension until he/she complies.

I acknowledge that I have read this policy and understand to its full extent. I understand that I must follow by this policy to continue to volunteer with Vivent Health.

Volunteer Signature: _____ Date: _____

Volunteer Name: (please print) _____

VOLUNTEER & CHAMPION HEALTH AND SAFETY GUIDELINES IN RESPONSE TO COVID-19

I acknowledge that I have received and read the Champion Health and Safety instructional packets regarding: Physical Distancing, Face Coverings, and Hand Hygiene. I understand that I must follow by these guidelines in order to continue to volunteer with Vivent Health.

In addition, I understand that all individuals who are at a Vivent Health site are required to wear a face covering while in the building.

Proper use of face coverings or masks requires that you:

- Wash hands or use hand sanitizer prior to putting on your face covering/mask or taking your covering/mask off
- Use the ear loops to put on and take of your face covering or mask
- Avoid touching your face covering/mask during the day
- Avoid taking it on and off repeatedly – leave it on throughout the day
- Keep your mask/face covering over your mouth and nose

Face coverings are to be worn until communicated by your volunteer supervisor that they are no longer required.

Volunteer Signature: _____ Date: _____

Volunteer Name: (please print) _____