



Tarrant County Medical Reserve Corps

Thank you for interest in volunteering with the Tarrant County Medical Reserve Corps (TCMRC). In addition to completing the online registration process, volunteers must also complete and submit an application packet to the TCMRC Coordinator before you can begin your work as a volunteer.

The application packet consists of the following forms:

- MRC Application
- VeriFYI Criminal Background consent – **(You must include your complete social security number on this form.** The MRC Coordinator is the only person that will have access to this information and it will be “blacked out” after the criminal records check has been processed.)
- HIPAA Release
- Liability Waiver
- Media Release
- Release of Personal Information
- Volunteer Code of Conduct
- Volunteer Confidentiality Agreement

The application packet, along with a copy of your driver’s license or other state-issued ID, should be mailed or dropped off to the TCMRC Coordinator at:

Tarrant County Public Health
Attn: MRC Coordinator
1101 S. Main, Ste 2506
Fort Worth, TX 76104

Licensed medical professionals **must** document their discipline, medical license number, and state issued in the designated place on the application in addition to submitting a current copy of your medical license.

Please feel free to contact our office at 817-321-5319 or via email at mrc@tarrantcounty.com should you have any questions.

Monica Tipton, M.Ed.
Medical Reserve Corps Coordinator



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Tarrant County Medical Reserve Corps		
Contact Name Monica Tipton			
Agency's Main Phone Number 817-321-5319		Agency's Fax Number 817-321-5446	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used		
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

HIPPA CONFIDENTIALITY AGREEMENT

The following information explains and governs your use and exposure to confidential health information as a volunteer for the Tarrant County Medical Reserve Corps. If you have any questions regarding this information you should consult the MRC Coordinator, or the person supervising your volunteer work.

As used herein, the following terms shall have the following meanings:

1. **“Confidential Information”** includes any information, regardless of the manner in which is communicated or maintained (e.g., oral, paper, electronic), received by Tarrant County Public Health (TCPH), or any of its agents that falls into one or more of the following categories:
 - a. **Protected Health Information:** Information relating to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual. Protected health information includes demographic information, e.g., address, telephone number, employer, date of birth, next of kin, identification numbers.
 - b. **Personnel Information:** Information relating to a person's status as a member of the TCPH workforce, including but not limited to compensation, employment records, accommodations, performance reviews, and disciplinary actions.
 - c. **Business Operations Information:** Information relating to TCPH operations, including but not limited to financial and statistical records, strategic plans, internal reports, memos, contracts, pricing, staffing levels, supplier information, remote site information, peer review information, communications, proprietary computer programs, source code, and proprietary technology.
 - d. **Third Party Information:** Information belonging to a third party utilized by TCPH for limited purposes pursuant to an agreement with the third party, including, but not limited to computer programs, client and vendor proprietary information source code, and proprietary technology.
2. **“Receive,” “Receiving,” and “Receipt”** means, with respect to Confidential Information, to come into possession, custody, or control; to perceive; to create; to gain the ability to come into possession, custody, or control; or to gain the ability to perceive Confidential Information in whatever form (oral, visual, written, electronic, or otherwise).
3. **“Use”** means, with respect to confidential information, accessing, reviewing, employing, applying, utilizing or analyzing such information, or sharing or discussing such information with other members of the workforce.
4. **“Disclose”** means, with respect to confidential information, release, and transfer, provision of access to, or divulging in any other manner such information to a person or entity who is not a member of the workforce.
5. **“Health Agency’s Workforce”** includes employees and other persons (i.e. Medical Reserve Corps volunteers) whose conduct, in the performance of work for TCPH, is under the direct or indirect control of TCPH, whether or not they are compensated by TCPH for such services. Independent contractors with which TCPH has entered into agreements are not part of its workforce.

6. **“Computer Systems”** includes computer files, computer hard drives, local area network, wide area network, mainframe, electronic mail, internet access, and intranet access, electronic medical records, and electronic order entry.

In performing your volunteer duties, you may receive or create Confidential Information. As a condition of and in consideration of your receipt of Confidential Information, you agree to the following:

1. You understand that you have no right or ownership interest in any Confidential Information which you may receive may, at any time and for any reason, revoke your password, access code, or any other authorization you may have that allows you to receive Confidential Information in any form.
2. You understand that your obligations under this Agreement will continue after termination of your volunteer relationship with the Tarrant County Medical Reserve Corps. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
3. The use and disclosure of Confidential Information is governed by Federal and State laws and regulations as well as the TCPH policies and procedures. The purpose of these specific requirements is to guarantee that Confidential Information remains confidential, i.e., such information shall be used and disclosed only as necessary to accomplish the TCPH mission. You shall be familiar with and adhere to all of these requirements concerning Confidential Information.
4. You shall actively participate in educational opportunities made available to you concerning proper safeguards for Confidential Information and uses and disclosures of Confidential Information as part of your volunteer duties.
5. If you have any questions concerning whether certain information constitutes Confidential Information, you shall bring the matter to the person supervising your volunteer work, or the Medical Reserve Corps Coordinator for direction.
6. You shall use and disclose Confidential Information only to the extent necessary to perform your volunteer duties. Such use and disclosure shall be in a manner consistent with applicable Tarrant County policies and procedures. Your use or disclosure of Confidential Information for any reason other than the performance of your volunteer duties or your failure to conform to applicable policies and procedures shall constitute misuse of Confidential Information may be grounds for removal from your volunteer position with the Tarrant County Medical Reserve Corps and/or initiation of legal action against you.
7. TCPH is committed to protecting the privacy of those persons for whom it provides services. To fulfill its commitment, TCPH prohibits members of its workforce from discussing any information relating to persons covered by the plan except as necessary to perform their specific volunteer duties. You shall not engage in conversations concerning the fact that a person is, or has been, a patient of TCPH or concerning any information relating to such persons,(e.g., diagnosis, procedures, outcome).
8. If you have any questions regarding whether your volunteer duties permit you to use or disclose certain Confidential Information in a particular manner, you should consult with the person supervising your volunteer work or the Medical Reserve Corps Coordinator for direction. If you have any questions concerning the application of a particular policy or procedure to a particular use or disclosure of Confidential Information, you shall bring the matter to the person supervising your volunteer work and/or the Medical Reserve Corps Coordinator as soon as possible.

9. You shall appropriately safeguard Confidential Information so as to prevent any inappropriate use or disclosure of such information. If you have reason to believe the confidentiality of information may have been compromised, you shall report such concerns to the person supervising your volunteer work, and/or the Medical Reserve Corps Coordinator as soon as possible.
10. In performing your volunteer responsibilities, you shall not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry. Nor shall you make or cause to be made any false, inaccurate, or misleading statement to any person. If you become aware of false, inaccurate, or misleading information contained in any record or report, or a false, inaccurate, or misleading statement, you shall report the matter to the person supervising your volunteer work and cooperate in taking all steps necessary to correct the record, report, or statement pursuant to TCPH policies and procedures.
11. You shall comply with TCPH policies and procedures concerning the alteration, deletion, or destruction of Confidential Information in any form. If you have any questions concerning such policies and procedures, you shall bring the matter to the person supervising your volunteer work for direction. If you have any reason to believe such policies and procedures have been violated, you shall report such concerns to the person supervising your volunteer work, and/or the Medical Reserve Corps Coordinator as soon as possible.
12. You understand that TCPH may monitor each and every time its computer systems are accessed. You understand that any action you take in using TCPH computer systems may be tagged and such actions may be traced back to you.
13. You shall respect the ownership of proprietary software. For example, you shall not make unauthorized copies of any software for your own use, even if the software is not physically protected against copying, nor shall you operate any non-licensed software on any computer provided by Tarrant County Public Health.

By signing this document, you acknowledge that:

- a. You have read this entire document and understand the terms and conditions outlined herein.
- b. Have been provided a copy of this document for your records and given the opportunity to ask questions concerning its terms and conditions.
- c. You agree abide by the terms and conditions as stated in this Confidentiality Agreement.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

**TARRANT COUNTY MEDICAL RESERVE CORPS
VOLUNTEER PROTECTION FROM LIABILITY NOTICE**

Tarrant County Medical Reserve Corps will make every attempt to mitigate, prevent and/or reduce liability risks to Medical Reserve Corps (MRC) volunteers through training and by only assigning volunteers to tasks in which they have been duly trained and are qualified to perform.

Volunteer Protection Act of 1997

“This law provides that no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if the volunteer meets four requirements. First, the volunteer must have been acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission. Next, if it is required or appropriate, the volunteer must have been properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the nonprofit organization or governmental agency. Third, the harm may not have been caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer. And finally, the harm may not have been caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance.”

Additional information regarding the Volunteer Protection Act of 1997 can be accessed on the following website: <http://www.texmed.org/Template.aspx?id=2107>

Any incidents, accidents or injuries should be reported immediately to the Tarrant County MRC Coordinator or their designee.

My signature acknowledges that I have read and understand the information contained in this document. I further acknowledge that I have been provided a copy of this document and given the opportunity to ask questions regarding its content.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

**TARRANT COUNTY MEDICAL RESERVE CORPS (MRC)
MEDIA RELEASES AND PUBLIC SPEAKING POLICY**

POLICY:

The Public Information Officer under the supervision of the Director of Tarrant County Public Health will be responsible for writing news releases, coordinating interviews, and/or public speaking requests.

PROCEDURE:

Requests for information from the media will be directed to the Public Information Officer.

The Public Information Officer will then notify the Director as appropriate.

Any staff member or volunteer who is designated to speak to the media should collaborate with the Public Information Officer to establish a clear message that reflects Tarrant County's position regarding the topic. No employee or volunteer of Tarrant County Public Health will represent the agency or provide information to the media without prior authorization from the Tarrant County Public Health Director.

The Public Information Officer is responsible for writing and distributing news releases. Information related to a specific topic or a specific department should be provided to the Public Information Officer as soon as possible for the development of media-related documents.

Any time a representative of the media is on-site or at a health agency clinic off-site where the agency is ultimately responsible, media representatives will not be allowed to interview or photograph patients without written permission from that individual.

If a photographer or camera operator wants to shoot random pictures of a clinic, when possible, an announcement will be made to all in the area in question before any pictures can be taken. These procedures ensure the client's confidentiality is protected.

Requests for interviews should be forwarded to the Public Information Officer who will coordinate the scheduling so that individuals will not be overburdened or asked to discuss a topic in which they are not well versed.

- I **GRANT** Tarrant County Public Health permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration. Initial: _____
- I **DECLINE** Tarrant County Public Health permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration. Initial: _____

I understand and agree that these materials will become the property of Tarrant County Public Health and will not be returned.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

Rev. 10/2/2006



Tarrant County Medical Reserve Corps Volunteer Application

1101 S. Main, Ste 2600 ♦ Fort Worth, TX 76104 ♦ 817-321-5319 ♦ www.bealocalhero.org/tarrantcounty



FILL OUT APPLICATION CLEARLY AND COMPLETELY. Do not alter application. In order to be considered for volunteer service a complete application packet must be submitted and updated annually.

MEMBERSHIP LEVEL

Please check the division for which you are applying

Division I - Leadership: Must be willing to supervise the work of others. Members attend on-going specialized training designed to prepare them to assume leadership roles.

Division II - Basic: Members complete minimum training requirements designed to meet federal training guidelines.

PERSONAL INFORMATION

Last Name	First	Middle	Home Phone	Business Phone
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Cell Phone	Email Address
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Mailing Address	Street	City	State	Zip
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Date of Birth	Mo/Day/Year	Driver's Licenes Number	State
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Are you at least 18 years of age? Yes No

IF THE ANSWER IS YES TO ANY OF THE QUESTIONS BELOW, DESCRIBE ALL INCIDENTS ON AN ADDITIONAL SHEET OF PAPER.

Except for minor traffic violations, have you ever been convicted of a felony or a misdemeanor? Yes No

Have you ever been placed on probation? Yes No

Has a court found evidence substantiating your guilt in a crime and deferred proceedings? Yes No

EMERGENCY CONTACT INFORMATION

Name	Relationship
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Address (No PO Boxes)	City	Zip
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Home Phone	Work Phone	Cell Phone
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PROFESSIONAL LICENSURE/CERTIFICATION

License Type (e.g. RN, MD)	License Number
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Exp Date	State Issued
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WORKING CONDITIONS

Are you able to:

Stand for extended periods Yes No Sit for extended periods Yes No

Bend and/or stoop repeatedly Yes No Work a 12 hour shift Yes No

Work in a stressful environment Yes No

PERSONAL REFERENCES

Name two persons not related to you who have knowledge of your character, ability and experience in a work situation.

Name	Address	City	State	Zip	Occupation
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SKILLS

Select up to **three** skills sets in which you are experienced

Communications:

- HAM Radio Operator
- Satellite phone
- 800 MHz Radio
- Emergency Dispatch

Dental:

- Dentist
- Hygenist

Education & Training:

- Librarian
- Library Technician
- Patient Education
- Professor
- Public Health Educator
- Teaching Assistant
- Trainer

EMT:

- Basic
- Intermediate
- Paramedic

Information Technology:

- Comp. Programmer
- Comp. Support Spec
- Database Admin
- Systems Analyst
- GIS

Law Enforcement:

- Peace Officer
- Constable
- Correctional Officer
- Probation Officer
- Security Guard

Legal:

- Court Reporter
- Judge
- Lawyer
- Paralegal

Media:

- PIO
- Public Relations

Medical Support:

- Home Health Aide
- Medical Assistant

Medical Health:

- LCDC
- LPC
- LSW
- Pastoral Counseling
- Psychologist

Nursing:

- LVN
- RN
- BSN
- Nurse Practitioner
- Nurse Anesthetist

Other Licensed Healthcare:

- Audiologist
- Dietitian/Nutritionist
- Optometrist
- Physician Assistant
- Speach Pathology

Other Professions:

- Accountant
- Admin Assistant
- Architect
- Bookkeeping
- Bus Driver
- Child Care
- Construction
- Customer Service
- Data Entry
- Electrician
- Emergency Mgmt.
- Engineer
- Epidemiologist
- Finance
- Firefighter
- Food Service Worker
- General Office Clerk
- Human Resources
- Inventory/Warehouse
- Janitorial
- Medical
- Billing/Coding
- Microbiologist
- Mortician

- Postal Worker
- Shipping/Receiving
- Statistician

Pharmacy:

- Pharmacist
- Pharmacy Tech.

Physicians/Surgeons:

- Allergy
- Anesthesiology
- Cardiology
- Chiropractor
- Dermatology
- Ear/Nose/Throat
- Emergency Med.
- Endocrinology
- General Practice
- Infectious Disease
- Intern/Resident
- Medical Student
- Neurology
- OB/GYN
- Oncology
- Orthopedic
- Pathologist
- Pediatrics
- Podiatry
- Psychiatry
- Radiology
- Rheumatology
- Surgery
- Urology

Therapist/Technician:

- Lab Technician
- Medical Technologist
- OT
- OT Asst.
- PT
- PT Asst.
- Respiratory Therp.
- Surgical Tech.
- X-ray Tech.

Translator:

- Language: _____

SERVICE AREA

Please check all areas in which you can service conveniently

- | | | |
|---|--|---|
| <input type="checkbox"/> All Tarrant County | <input type="checkbox"/> Everman | <input type="checkbox"/> Mansfield |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Fort Worth | <input type="checkbox"/> North Richland Hills |
| <input type="checkbox"/> Azle | <input type="checkbox"/> Grand Prairie | <input type="checkbox"/> Saginaw |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Grapevine | <input type="checkbox"/> Southlake |
| <input type="checkbox"/> Benbrook | <input type="checkbox"/> Haltom City | <input type="checkbox"/> Watauga |
| <input type="checkbox"/> Burleson | <input type="checkbox"/> Hurst | <input type="checkbox"/> Westlake |
| <input type="checkbox"/> Colleyville | <input type="checkbox"/> Keller | <input type="checkbox"/> White Settlement |
| <input type="checkbox"/> Crowley | <input type="checkbox"/> Kennedale | |
| <input type="checkbox"/> Euless | <input type="checkbox"/> Lake Worth | |

Statement of Certification

I understand and hereby acknowledge that my services will be voluntarily given and that I will not be paid for work performed. Acceptance of my application in no way constitutes an offer or guarantee of regular/temporary paid employment, nor does it constitute an agreement to keep me for any specific time. I understand that volunteers are "at will" and their services are subject to discontinuance by the Tarrant County MRC at any time. The answers I have given are true and complete to the best of my knowledge and belief. I further request that former employers and any persons who have information concerning me to furnish such information to Tarrant County MRC officials and agree to hold such persons harmless and release them from all liability and damage for furnishing such information. I UNDERSTAND THAT FAILURE TO ANSWER THE QUESTIONS FULLY AND TRUTHFULLY MAY RESULT IN DISQUALIFICATION OF MY APPLICATION AND/OR TERMINATION OF MY VOLUNTEER SERVICE.

I understand that Tarrant County does not provide volunteers with employee benefits, accident insurance, death benefits, compensation for lost time due to injury; nor does the County carry general liability insurance covering volunteers.

Signature: _____

Date: _____

Office Use Only

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Criminal Record Check Completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reference Check Completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Interview Completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Application Status:
- Approved
- Denied (Reason)

RELEASE OF PERSONAL INFORMATION

This signed document authorizes Tarrant County Public Health (TCPH) to release pertinent personal contact information to other members of the Tarrant County Medical Reserve Corps (MRC) for the purposes of contacting other MRC volunteers in the event of any Alert of the Medical Reserve Corps.

By signing this release, you are acknowledging that your name, phone number, e-mail and/or fax numbers may be released and made public to other MRC volunteers.

You also acknowledge and agree that you will not use any contact information you receive about other MRC volunteers for any purpose other than official notification(s) purposes.

You also grant permission for this information to be used by the Tarrant County MRC Coordinator to contact you concerning MRC training and other administrative issues.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.
1. I understand that I may withdraw this consent upon written notice, at which time I will be withdrawn as a MRC volunteer.
2. I hold Tarrant County Public Health 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 the above-named agency.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

**TARRANT COUNTY MEDICAL RESERVE CORPS (MRC)
VOLUNTEER CODE OF CONDUCT**

MRC volunteers shall:

Ethical Conduct

- Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well-being of others and display courtesy and good manners.
- Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.
- Abstain from illegal activity.
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.

Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Follow all procedures to the best of your ability at all times.
- Promote healthy and safe work practices.
- Recognize and congratulate those volunteers who follow safe and caring practices.
- Take care of self and others.
- Report all injuries, illnesses, and accidents to the Medical Reserve Corps Coordinator or their designee.
- Recognize that training is fundamental to everyone's safety.

Respect

- Respect the cultures, beliefs, opinions and decisions of others although you may not always agree.
- Treat each other with courtesy, sensitivity, tact, consideration and humility.
- Accept the chain of command and respect each other regardless of position.

I have read and will abide by the MRC Code of Conduct.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

**TARRANT COUNTY MEDICAL RESERVE CORPS
VOLUNTEER CONFIDENTIALITY AGREEMENT**

I understand that Tarrant County Public Health (TCPH), including its employees/volunteers/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of *individual information, protected health information, or information related to or held by TCPH*, including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

I shall maintain and *safeguard* the confidentiality of any personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), used identification(s), access key(s), and/or password(s) has been compromised, I will immediately notify the Medical Reserve Corps Coordinator.

I shall *not* access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I shall immediately consult the Medical Reserve Corps Coordinator.

I shall *not* use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by TCPH.

I shall *not* discuss or reveal any personal information or information related to or held by TCPH in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual's name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.

I shall *not* make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of TCPH, who does not have proper authorization to access such information.

I shall, immediately return all property, including, but not limited to, keys, documents, and ID badges to TCPH upon termination (with or without cause) of my volunteer assignment/affiliation with TCPH.

Any violation by me of this Agreement may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with TCPH and/or suspension, restriction or loss of privileges, in accordance with TCPH policies, as well as *potential personal civil and criminal legal liabilities*.

Any individual information and/or records related to or held by TCPH that I access or view at TCPH does *not* belong to me.

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety and I agree to comply with all of the above stated terms as a condition of my volunteer.

Signature of Volunteer

Printed Name

Date

Cc: Volunteer

Rev. 10/2/2006