

**WEST HILLS HOSPITAL & MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT**

Volunteer Statement of Commitment

Volunteer Name *(Please print)* _____ **Today's Date** _____

I UNDERSTAND AND AGREE THAT:

1. I am a volunteer and, as such, expect no remuneration for the time I spend at WHH&MC.
2. I am making a commitment to a minimum serving 100 hours of volunteer service at WHH&MC over a consecutive six-month period.
3. I am expected to be in uniform and wearing my identification badge whenever I am at the hospital. (See Volunteer Handbook for uniform description.)
4. I will keep the Volunteer Services Office and my department informed any time that I cannot be at the hospital for my regular shift.
5. I will be expected to know the guidelines for volunteers as taught in the orientation class and the information I received as part of my volunteer packet. The information is available to me in the Volunteer Handbook.
6. I will conduct myself in a professional manner, at all times, as each volunteer's behavior creates an impression of West Hills Hospital and the Volunteer Services Department to the community.

Volunteer Signature _____

Parental/Guardian Name (if under 18 y.o.) _____
(Please print)

Parental/Guardian Signature (if under 18 y.o.) _____