

Volunteer Services Statement of Understanding

This form to be used in conjunction with the Guidebook for Volunteers (DHS 9038)
Initial each agreement point below and return completed form.

Confidentiality and Privacy Policies

I understand that I will be subject to the same rules of confidentiality that apply to paid staff members. I agree to keep confidential any information concerning the Department of Human Services (DHS) clients, their families or associates, and will not divulge any information from a client's file, grievance or any other confidential source to any outside person or agency during or after my period of volunteer service unless authorized to do so. I agree to act in a responsible and professional manner when providing services to the program and agree to adhere to the policies governing ethics and conduct of this department and the State of Oregon.

All records dealing with specific clients must be treated as confidential. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty and the agency could refuse to support you in the event of legal action. Violation of Oregon Revised Statute regarding confidentiality of records is punishable upon conviction of a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

Use of Privately Owned Vehicle

As a volunteer, I understand that I am an important member of a team delivering services to the clients of DHS. If I use a privately owned vehicle to perform my volunteer duties:

- I declare that it will be in good mechanical condition.
- I will maintain insurance coverage on my vehicle that meets the Department of Motor Vehicles state requirements.
- I understand that my own personal automobile liability insurance will be responsible first in the event of an accident.
- If the liability for an accident that happens while I am performing my volunteer duties exceeds the limits of my insurance coverage, the state will provide excess liability coverage (subject to the terms of State Vehicle Rules for State Drivers OAR 125-155-020(2)).
- I understand that the state will not pay for any damage to my vehicle.

Use of State Owned Vehicle

- The vehicle will be used exclusively for trips directly related to my volunteer assignment and not for personal purposes.
- I will represent the State of Oregon responsibly.
- I will review and abide by all Vehicle Rules for State Drivers (OAR 125-155-020(2)).
- If I do not follow the rules, I will be held personally responsible for any liability or damage to the vehicle.

Driver's Statement: Privately and State Owned Vehicles

- I will endeavor to operate the vehicle in accordance with the traffic laws of the state in which it is being driven.
- I will ensure that all adults riding in the vehicle are using seat belts and all children are secured with approved child safety restraints. I will require all passengers under five (5) feet tall to sit in the rear seat of the vehicle.
- I will immediately notify my Volunteer Coordinator if I am involved in an accident or convicted of a traffic violation.

Reporting Requirements

I understand that I am required to keep track of my daily hours of service. A time sheet will be submitted each month. (This information is important for Risk Management and insurance purposes, so it is important that volunteers record their time consistently.)

Conflict of Interest

As a DHS volunteer acting in an official capacity, I shall not take any action that would result in personal financial benefit. I will not ask for or receive for myself or for any member of my household, directly or indirectly, any monies or gifts from clients.

Further, I understand that volunteer, work experience, intern and practicum service does not in any way assure me of any future position as an employee of the Department of Human Services, nor does it entitle me to any benefits of regular employment, such as salary, medical or dental insurance or any other incident of regular employment. (You may be covered by Tort liability, VIC or Workers' Compensation during your volunteer hours, if eligible.)

Personal Professionalism

I agree to be prompt and reliable in reporting for my scheduled work. I agree to attend orientation and training sessions and meetings as required. I agree to wear clothing of a type and style generally accepted in professional offices in the community. Clothing shall present a business-like appearance and style. High ethical standards by public employees, including volunteers, are essential to the maintenance of public trust and confidence in government. DHS staff, volunteers, interns and practicum students shall therefore maintain a professional standard of conduct and shall not engage in conduct that would bring discredit upon the department, agency or state.

Photo Identification

A photo ID badge will be issued upon placement. It will be valid for the contracted period of time agreed upon and may be renewed if necessary. You should wear/display your badge on all volunteer, intern and practicum assignments and show it when appropriate. Your identification is especially important if you are operating a state-owned vehicle. In no event will ID badges be used to gain personal favor or consideration. Misuse of ID badges will result in termination from the program. You must return your ID badge at the end of your volunteer assignment.

Safety

It is the policy of DHS to provide a safe working environment for all staff, volunteers, interns practicum students and visitors.

Mandatory Abuse Reporting

As Agents of the State, volunteers, interns and practicum students must, by law, report any suspected child and elder abuse. Anyone making such reports in good faith shall have immunity from any liability, civil or criminal.

I understand that the Department of Human Services (DHS) may terminate or modify the terms of this work agreement at any time. My signature below certifies that I have read and understand all information presented in the agreement points presented in this document. I understand that my duty as an agent of the state is to abide by the laws of Oregon and policies of DHS, including preservation of confidential information, including Protected Health Information (PHI).

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date