

Please contact

OSH Volunteer Services

before completing this packet.

Email: OSHVolunteer.Services@dhsosha.state.or.us

Call: [503-945-2892](tel:503-945-2892)





Volunteer Registration

Contact Information

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City, State, Zip: _____ DOB: _____
 Email: _____ (email address required to inform you of your background check status)

Emergency Contact Information

Emergency Contact: _____
 Emergency Contact Phone: _____

References

Name: _____ Phone: _____
 Name: _____ Phone: _____

Assignment

Desired Start Date: _____ Desired End Date: _____
 What would you like to do? _____ Department: _____
 How many hours/week?
 Why do you want to volunteer at Oregon State Hospital? _____

As a volunteer working in a State of Oregon agency, you are covered by State of Oregon insurance for liability and personal injury or illness. Worker's Compensation coverage through SAIF Corporation is provided to the Oregon State Hospital approved volunteers for injuries incurred while performing authorized duties. Volunteers are protected from civil liability for injuries or damage to the person or property of others subject to the following conditions: You are working on a state agency task assigned by an authorized agency supervisor; you limit your actions to the assigned duties; and you perform your assigned tasks in a good faith and do not act in a manner that is reckless or with intent to unlawfully inflict harm to others. OSH and/or OSH Volunteer Services reserve the right to terminate this volunteer assignment at any time.

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto insurance would apply on a limited basis only after your primary coverage limits have been used. Use of a private vehicle for Oregon State Hospital business requires written approval from the Superintendent.

I have read and understand the above conditions of service:

 Signature

 Date



Confidentiality Agreement

I understand that Oregon State Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Oregon State Hospital must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my employment/assignment at Oregon State Hospital, I realize that I may come into possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Oregon State Hospital's Confidential Information.

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| <ol style="list-style-type: none"> 1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not need to know it. In addition, I understand that my personal user 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 confidential Information, or utilize equipment, other than what is required to do my job. 3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, at restaurants, etc.). It is not acceptable to discuss Confidential Information in public areas, even if the patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy. 4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information. 5. I will not knowingly inform another person of my computer password or knowingly use another person's computer password unless authorized to do so in writing. 6. I will not make any unauthorized transmissions, inquires, modifications, or purgings of Confidential Information in Oregon State Hospital's computer system. Such unauthorized transmissions include, | <p>but are not limited to removing and/or transferring Confidential Information from Oregon State Hospital's computer system to unauthorized locations (for instance, home).</p> <ol style="list-style-type: none"> 7. I will log off any computer terminal prior to leaving it unattended. 8. I will comply with any security or privacy policy promulgated by Oregon State Hospital to protect the security and privacy of Confidential Information. 9. I will immediately report to my supervisor any activities, by any person, including myself, that is a violation of this Agreement or of any Oregon State Hospital information security or privacy policy. 10. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to Oregon State Hospital. 11. I agree that my obligations under the Agreement will continue after the termination of my employment. 12. I understand that violation of this agreement may result in disciplinary action, up to and including termination of employment and/or suspension in accordance with Oregon State Hospital's Confidentiality and Security of Patient Information Policy as well as legal liability. 13. I further understand that all computer access is subject to audit. |
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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 employee/contractor/student - faculty/volunteer_____

Print Name_____ Date_____

TO BE FILED IN STUDENT/FACULTY RECORD AT OSH