

## Volunteer Standards of Conduct

- Confidentially: Adhere to all county guidelines and policies regarding confidential information as related to personal information.
- Compliance to HIPPA (Health Insurance Portability and Accountability Act of 1996) guidelines, policies, and rules is mandatory.
- Compliance with the HCPH Media Policy is required by all volunteers.
- Commitment: Please fulfill your 20 – 40 hours per week work schedule and call if your supervisor if you will be late or absent.
- If you are ill, please do not come to work. Simply alert your supervisor of your absence.
- Always wear your name badge, mask, arm band. (Temperature checks will be performed daily.)
- Wash your hands or use hand sanitizer frequently, especially after sneezing, blowing your nose, coughing, or using the restroom.
- Maintain a high standard of personal hygiene and appearance.
- Be professional and honest in all your actions.
- Please demonstrate empathy and compassion when speaking with Covid-19 patients and their contacts.
- Always remember we are here to service others – be flexible and a team player.
- Offensive language is prohibited, bullying or stalking others is prohibited.
- Answer telephones as instructed. You may use the county phone in an emergency situation. Please do not use county phones for personal calls.
- Volunteers should not be excessively involved in texting, social media, shopping activities on their personal phones or county laptops/computers.
- Avoid participating in unauthorized activities without approval from your supervisor.
- If you are injured while on duty, notify your supervisor immediately.
- Harris County Public Health has a no smoking policy in all facilities.
- Maintain open lines of communication with your supervisor.
- Complete assigned tasks in an exceptional manner and request assistance if needed.
- Submit your timesheet by the 5th of each month with electronic signatures.
- Falsifying hours worked on timesheets is prohibited.

- Communicate grievances to your Supervisor, Preceptor, the Volunteer & Intern Program Coordinator (VIPIC), or your school's Practicum Coordinator, as necessary.

**By my signature below, I understand and agree to comply with these Standards of Conduct as a condition of my volunteer service and/or my association with or work for HCPH. I further understand that if I have questions at any time regarding the Standards of Conduct, I will consult with my immediate supervisor. Failure to comply with the Standards of Conduct will be cause for immediate termination.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_