

VOLUNTEER APPLICANT'S AGREEMENT

- I certify that the information contained in this application is correct to the best of my knowledge.
- I authorize investigation of all matters contained in this application, and agree that any misleading, false or intentional omission of pertinent information would be cause for rejection of my application or cause for dismissal if already placed in the program.
- I understand that the individuals that I have listed as personal references will be asked questions concerning my ability, character and reputation.
- I understand that volunteer placement with the Poison Center and UF Health Jacksonville is contingent upon receipt of satisfactory references, background check, satisfactory completion of Poison Center Volunteer Orientation, and ongoing inservices as needed.
- I understand that initial and continuous volunteer status is at the discretion of the Poison Center Education Office and UF Health Jacksonville Volunteer Services Office.
- I understand that mileage traveled to and from the volunteer site will be reimbursed when appropriate.

Additionally, if selected to be a Poison Center volunteer, I agree to:

1. Abide by the Policies & Procedures of UF Health Jacksonville, the UF Health Volunteer Services Office and the Poison Center.
2. Keep all patient information and hospital business completely confidential at all times.
3. Strictly adhere to the volunteer service guidelines (job description), and be aware of volunteer limits and boundaries.
4. Refer any problems, criticisms or suggestions to the Poison Center Education Office.
5. Arrive on time to educational programs or events.
6. Maintain a professional appearance and demeanor when representing the Poison Center, and demonstrate courtesy and consideration of others.
7. Donate my services to the organization without contemplation of compensation or future employment.
8. Uphold the mission, vision and values of the Poison Center and UF Health Jacksonville.
9. Attend orientation and training and participate in Poison Center ongoing inservice programs as necessary.
10. Return all Poison Center educational materials/supplies to the Education Office within two weeks of my resignation/termination from the program. If these materials/supplies are not returned within this time period, I understand that I will be assessed a fee of \$50 for replacement costs.

Return your items to:
Florida/USVI Poison Information Center – Jacksonville
Education Office
655 West 8th St., Box C-23
Jacksonville, FL 32209.

Should any information I have reported in this application change at any time during the application process or after placement, I understand that I have a duty to report any and all changes to the Poison Center.

Signature: _____
Volunteer Applicant

Date

Signature: _____
Poison Center Staff

Date