

Harborview Medical Center's 2014 Children's Holiday Party

Held at Yesler Community Center

Saturday December 6th, 2014

Volunteer Registration Form

Volunteer's Name:

First _____ Last _____

Address:

Street _____ Apt. _____

City _____ Zip _____

Contact:

E-mail _____ Phone _____

Emergency Contact:

Name _____ Phone _____

Languages Spoken: _____

Are you? HMC Employee HMC Volunteer Other _____

Please mark which shifts you would like to work:

Friday, December 5th Pre-Party Activity (Snacks Provided):

- 3PM-6PM** Set up gift bags and Decorate Party Route
- 4PM-7PM** Set up gift bags and Decorate Party Route

Saturday, December 6th Event Day:

- 7AM-11AM Pre Party Logistics:** Put up directional signs, Assist with set up and Registration, Assist with tours and welcome fellow volunteers
- 9:30 AM-1PM Party Logistics:** Welcome guests, direct children and families to next activity, hand out stickers to children, traffic flow, help with the Safe Kids Fair, etc. You will be placed by the Volunteer Supervisor.
- 1PM-3PM Post Party Logistics** Clean up and pack up supplies

Confidentiality Acknowledgement Agreement

Harborview Medical Center/UW Medicine has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their protected health information (PHI). Strong federal and state laws govern the privacy of our patients and their health information.

When you participate in a volunteer activity at Harborview Medical Center, you are involved in a unique experience. You will be participating in a program or event for a specified period in a health care facility. During this time you will or may be seeing patients with a variety of medical issues and/or you may see and hear confidential information relating to these patients. This relates to information past, present and future.

As a condition of participating in this volunteer experience, I understand and agree that:

I must be 14 years of age in order to participate in the Children's Holiday Party.

I must maintain and safeguard the confidentiality of any and all Harborview Medical Center/UW Medicine protected health information.

I will not access, use or disclose protected health information unless specifically approved as part of my volunteer experience. I will maintain all protected health information in the strictest confidence and will not disclose or allow access to protected health information to others.

Any access to protected health information may be monitored to assure appropriate, compliance with system integrity and UW Medicine policies and procedures.

Failure to comply with the above confidentiality guidelines, or in the event of a breach of patient confidentiality, this agreement will be terminated and my ability to participate in future activities at Harborview Medical Center/UW Medicine may be denied.

I have not had any exposure to measles, rubella (German or 3 day measles), or chickenpox in the last 30 days and my immunizations are current. I understand that I will not participate in any activities with the medical center if I am experiencing signs or symptoms of an acute communicable illness. Those signs and symptoms include fever, rash, and cough, especially if combined with fatigue, aches or any of the previously mentioned symptoms (flu-like symptoms). I also do not have any signs and symptoms of active tuberculosis such as cough with sputum or blood, lasting two or more weeks, fever, unexplained weight loss, or awakening from sleep with excessive sweating. If this assignment lasts more than 3 weeks, I will report to the Harborview Employee Health Office for a Tuberculosis screening.

I agree to hold harmless the University of Washington and Harborview Medical Center from any present and future liability and/or damages for injuries arising from or growing out of the volunteer experience today.

Signature: _____ **Date:** _____

Thank you for participating! You will be contacted by EMAIL the week before the event as to your assignment.

Please return this form no later than Tuesday, November 25th to:

**Volunteer & Community Services
325 9th AVE Box 359788 Seattle, WA 98104
Fax: 206-744-2989 E-mail: hmcvol@u.washington.edu**