

WHITTIER HOSPITAL MEDICAL CENTER VOLUNTEER COMMITMENT AND CONFIDENTIALITY AGREEMENT

This is to acknowledge that I have received and reviewed the contents of the Volunteer Program Application Packet. Furthermore, I as a volunteer, agree to:

- Be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- Conduct myself with dignity and consideration of others.
- Consider all information which I may hear directly or indirectly concerning Whittier Hospital Medical Center patients, physicians, other professional staff, employees, or any other volunteers as confidential and will not seek confidential information in regard to same.
- Endeavor to make my work of the highest quality.
- Uphold the traditions, standards and core values of the Whittier Hospital Medical Center.

Print Name			
Signature			
Date			