



GOOD SHEPHERD CLINIC 222 NW 12TH STREET OKLAHOMA CITY, OK 73103  
VOLUNTEER INTEREST FORM

Form #2

VOLUNTEER CONFIDENTIALITY ACKNOWLEDGEMENT  
AND AGREEMENT FORM

During the course of your volunteer activity, you may have access to information which is confidential. It may not be disclosed except as permitted or required by law and in accord with Good Shepherd Clinic (GSC) policies and procedures. In order for GSC to properly care for patients and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information may cause irreparable damage to GSC. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Medical staff records.
4. Reports, policies and procedures, marketing or financial information.

By signing this Confidentiality Acknowledgment, I acknowledge and agree that:

1. I will only access business information for which I have a legitimate business purpose as approved by a duly authorized representative of GSC.
2. I am obligated to and will hold confidential information in the strictest confidence and will not disclose the information to any person or in any manner which is inconsistent with this agreement.
3. I will print information only when necessary for a legitimate purpose and when approved by a duly authorized representative of GSC. I am accountable for this information until it is destroyed.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT.

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

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

Print Name: \_\_\_\_\_



GOOD SHEPHERD CLINIC 222 NW 12TH STREET OKLAHOMA CITY, OK 73103  
VOLUNTEER INTEREST FORM

Form #3

**Good Shepherd Clinic (GSC)  
WAIVER and RELEASE of LIABILITY**

**This Waiver and Release of Liability ("Agreement") is a legal and binding agreement which, when signed, will permanently limit your ability to hold the Good Shepherd Clinic (GSC) liable for injuries or losses you may cause or sustain as a result of your decision to perform, without compensation volunteer tasks ("Services") for the GSC.**

**Volunteers performing Services regardless of the location of the Services and regardless of whether the Volunteer is identified as being associated with the GSC, the Volunteer must complete and sign this Waiver and Release of Liability prior to beginning their voluntary service with GSC.**

The Good Shepherd clinic is a private institution. I am a current or prospective Volunteer at GSC performing Services in the \_\_\_\_\_ (Department)

I *[print your name]* \_\_\_\_\_ freely choose to act as a Volunteer and not as an GSC employee and perform the following Services which include the following physical or mental activities such as walking, standing, sitting, bending, lifting, reading, speaking, hearing, etc.:

I agree to inform myself about the potential dangers of the Services and any precautions I should take and any information that the GSC may provide.

Despite precautions, accidents and injuries can and will occur. I understand that the Services may be dangerous and that I may be injured and/or lose or damage personal property as a result of performing the Services. Should there be a needle stick involved in the care of our patients, the needle stick protocol will be initiated immediately (see nursing protocol – needle stick).

**I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITY including death, injury, illness or loss from accidents, theft of or damage to personal belongings. All costs for follow up care will be borne by the volunteer.**

I agree with the above terms and conditions of Release of Liability.

Signature of Applicant: \_\_\_\_\_

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

Volunteer Coordinator: \_\_\_\_\_

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