



Dear Future Volunteer:

Thank you for your interest in volunteering with us. Please complete these forms and agreements and return the packet to our office. You may mail it, fax it to 678-280-6635 ATTN: Greg Lang, or scan and email it to greg.lang@goodsamgwinnett.org.

A few things to know:

1. We love volunteers! However, we cannot take all those who are willing to volunteer. We use volunteers only in areas where we have defined tasks and present needs. Please understand if we must decline your request to volunteer.
2. Student seeking course credit for volunteer hours will be accepted only if there is an existing agreement between our organization and the school or college.
3. We provide liability coverage for all volunteers. Physicians and dentists must complete a malpractice application and be approved before we can permit you to serve our patients.
4. We prefer volunteers who can commit to being in the clinic at least four hours per session.
5. We will provide an orientation to the clinic and a procedure manual on your first day.
6. We are an evangelical ministry. We do not expect volunteers to participate in our ministry, but do ask that volunteers not be contrary to our ministry activities.
7. Although we are a nonprofit, we are a business with expenses in excess of \$1.65M each year. We operate in a manner that is generous for our patients but also fiscally responsible for our donors. We ask all volunteers to respect our business practices, including understanding volunteers do not have the authority to commit the organization to added cost or to waive fees.

Read this document carefully. You must sign and return pages 2-5 and 17.

Other questions? Please contact greg.lang@goodsamgwinnett.org.

Gregory E. Lang, PhD

Volunteer Application

Name: _____

Address: _____

Best Contact Phone Number: _____ OK to Text? YES NO

Email Address: _____

1. I am most interested in serving in the following role:

Medical Provider

_____ Physician

_____ Nurse Practitioner

_____ Physician Assistant

_____ Registered Nurse

_____ Medical Assistant

_____ Student Rotation*

Dental Provider

_____ Dentist

_____ Dental Hygienist

_____ Dental Assistant

_____ Student*

Other

_____ English/Spanish Interpreter

* Please indicate your discipline and sending institution:

2. On what day(s) are you available to volunteer (please circle)?

Mon

Tue

Wed

Thur

Fri

Sat

3. On which shift are you interested in volunteering?

_____ 8am-4pm

_____ 8am-12pm

_____ 12pm-4pm

4. I am available to volunteer beginning (date) _____

5. I am affiliated with _____ church (if applicable).

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Volunteer Release and Waiver of Liability (“**Release**”) executed on this date, _____, by _____ (the “**Volunteer**”), releases **GOOD SAMARITAN HEALTH CENTER OF GWINNETT**, a nonprofit corporation organized under the laws of the State of Georgia and each of its directors, officers, employees, and agents (collectively known as “the Organization”). The Volunteer desires to work as a volunteer for the Organization and to engage in activities related to being such a volunteer (the “Activities”).

Volunteer understands that the scope of Volunteer’s relationship with the Organization is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the Organization will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to the Organization.

In consideration of the services performed by the Organization with respect to the Activities, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Volunteer hereby knowingly, intentionally, purposively, freely, voluntarily, and without duress executes this Release under the terms below:

Release and Waiver. Volunteer does hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the Organization, its members, officers, directors, staff, agents, successors, and assigns from, against, or with respect to any and all liability, claims, or demands of any kind or nature whatsoever, whether at law, in equity, or otherwise, which arise or may hereafter arise directly or indirectly from the Activities.

Volunteer SPECIFICALLY UNDERSTANDS AND AGREES that this Release FOREVER DISCHARGES the Organization, its members, officers, directors, staff, agents, successors, and assigns from any and all liability or claim that the Volunteer may have against the Organization, its members, officers, directors, staff, agents, successors, and assigns, with respect to any bodily injury, personal injury, illness, death, or property damage or loss that may result, directly or indirectly, from the Activities, whether caused by the negligence of the Organization, its members, employees, or agents, or otherwise, and in all cases to the fullest extent permitted by applicable law.

Insurance. Volunteer also understands that the Organization does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to the Volunteer, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

Medical Treatment. Volunteer does hereby FOREVER release, discharge, indemnify, hold harmless, defends, exonerate, and covenant not to sue the Organization, its members, officers,

directors, staff, agents, successors, and assigns from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or other medical services rendered in connection with an emergency the Volunteer performs Activities with sponsoring agencies working with the Organization.

Assumption of Risk. The Volunteer SPECIFICALLY UNDERSTANDS AND AGREES that the Activities include work and other activities that may be hazardous to the Volunteer, including, but not limited to, performing a variety of HEALTH CARE RELATED OR ADMINISTRATIVE services. The Volunteer hereby expressly, specifically, knowingly, intentionally, purposively, personally, and solely assumes all risk of injury or harm that may result, directly or indirectly, from, during, or with respect to the Activities, and FOREVER releases, discharges, indemnifies, holds harmless, defends, exonerates, and covenants not to sue the Organization, its members, officers, directors, staff, agents, successors, and assigns from all liability or claim for injury, illness, death, or property damage or loss resulting from or with respect to the Activities. Volunteer hereby expressly assumes risk of injury or harm from Activities and releases the Organization from all liability related to all Activities.

Photograph Release. Volunteer grants and conveys to the Organization all right, title, and interests in any and all photographs, images, videos, or audio recordings of Volunteer or likeness of Volunteer or likeness or voice made by the Organization in connection with Volunteer performing Activities to the Organization.

Other. The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, United States of America, and all other applicable laws, rules, and regulations wherever found, and that this Release shall be governed by and interpreted in accordance with the internal laws of the State of Georgia, United States of America. Jurisdiction and venue for any actions with respect to this Release shall only be had in a tribunal of competent jurisdiction in Gwinnett County, State of Georgia, United States of America. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be fully enforceable.

The Volunteer may not assign any rights in or with respect to this Release. The Volunteer may not delegate any duties in or with respect to this Release. Each and every provision of this Release shall bind Volunteer AND his or her legal representatives. The term "legal representatives" is used in this Release in its broadest possible meaning and includes, but is not limited to, all successors-in-interest, heirs, executors, administrators, or other personal representatives, whether such succession results from the act of the Volunteer or occurs by operation of law.

I SPECIFICALLY ACKNOWLEDGE THAT I PERSONALLY HAVE READ THE PREVIOUS PARAGRAPHS, AND I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ACTIVITIES I WILL UNDERTAKE AS A VOLUNTEER. I UNDERSTAND THAT I AM PERMANENTLY GIVING UP SUBSTANTIAL RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER ACKNOWLEDGE THAT I HAVE HAD AND TAKEN ADEQUATE ADVANTAGE OF THE OPPORTUNITY TO REVIEW THIS INSTRUMENT WITH COUNSEL OF MY CHOOSING, AND THAT I KNOWINGLY, INTENTIONALLY, AND PURPOSIVELY EXECUTE THIS INSTRUMENT FOLLOWING SUCH COUNSEL.

Volunteer's Signature: _____ **Date** _____

Print Name: _____

GOOD SAMARITAN HEALTH CENTER OF GWINNETT VOLUNTEER HANDBOOK

INTRODUCTION

The mission of the Good Samaritan Health Center of Gwinnett is to demonstrate the love of Christ through providing quality, affordable, and accessible healthcare and dental services to the poor and uninsured. We decline any funding that would require us to remain silent about the Christian faith. Our Goals are to 1) provide quality low cost primary healthcare and dental services to the uninsured, 2) decrease the demand of the uninsured for non-emergent medical services on the emergency room, and 3) provide a venue for matriculating future medical professionals to advance their educational goals while serving the poor of our community.

Good Sam Gwinnett was incorporated in December 2004, opened its doors in June 2005, and has provided for the physical and spiritual needs of more than 14,000 patients since then using a small paid staff and large cadre of professional and lay volunteers. Inclusive of all reasons for visiting the Center (medical, dental, pharmacy, counseling, and social work appointments), we have logged more than 100,000 customer encounters. The Center provided 17,535 customer encounters during 2016 having an estimated value of \$4,997,475 in the for profit healthcare marketplace. Based on our activity year to date, we expect to log 25,000 customer encounters during 2017, those encounters having an estimated value of \$7,000,000. Our business model assumes a balanced patient-donor partnership; patient fees pay approximately 50% of our operating expenses.

We are committed to meeting the healthcare needs of our community and offer various programs and services that are tailored to better address those needs. We are the only safety-net clinic in the area offering medical, dental, counseling, and dispensary services under one roof. Good Sam Gwinnett sees patients by appointment and as walk-ins throughout its 50-hour weekly schedule. Our willingness to accommodate unscheduled appointments as well as our Evening and Weekend Program permit us to be utilized as both a primary care and urgent care clinic providing uninsured individuals an alternative to expensive emergency room visits.

The Good Samaritan Health Center of Gwinnett is distinguished among its peers in several ways, including obtaining GuideStar's Platinum status, receiving the Gwinnett Chamber of Commerce's 2014 Healthcare Excellence Award and 2015 Humanitarian Award, and Gwinnett County's 2017 Certificate of Merit for Community Development. Finally, Good Sam Gwinnett is the only National Committee for Quality Assurance (NCQA) recognized Patient-Centered Medical Home (PCMH) in Georgia operating as a privately funded charity medical practice.

NEITHER THIS HANDBOOK NOR ANY PROVISION IN THIS HANDBOOK CONSTITUTES A CONTRACT OF EMPLOYMENT OR ANY OTHER TYPE OF CONTRACT. NOTHING CONTAINED IN THIS HANDBOOK SHALL CHANGE THE RELATIONSHIP BETWEEN GOOD SAMARITAN HEALTH CENTER OF GWINNETT AND ITS VOLUNTEERS FROM THAT OF A VOLUNTEER RELATIONSHIP.

1. DRESS CODE

We do not permit flip flops, bare midriffs, spaghetti straps, short shorts or low hanging pants.

2. HOURS

Volunteers may set a weekly schedule with the volunteer coordinator upon beginning volunteer work. If volunteer has any work requirements from your school or other organization, volunteer is responsible for meeting those requirements including any minimum hourly requirement. Lastly, volunteers are required to sign-in upon entry and sign-out upon exit of Good Samaritan Health Center of Gwinnett's facilities.

3. RESPONSIBILITIES

Although this is an unpaid volunteer program, volunteer is participating in the organization as a reliable, trustworthy, and contributing member of the team. We rely on volunteer's punctuality and commitment to our programs to be successful. Please contact volunteer's supervisor if he or she anticipates being late or absent for an activity to which volunteer has committed.

4. PERSONAL PROPERTY

Volunteers are responsible for securing their own personal possessions (e.g. cell phone, coat, sunglasses, purses, etc.). It is recommended that these items be locked in your car out of plain sight.

5. BAD WEATHER POLICY

Good Samaritan Health Center of Gwinnett's primary concern during inclement weather is to protect the safety of our staff and all volunteers. If volunteer feels it would be unsafe to travel to volunteer, he or she should use his or her best judgment and inform your direct supervisor if volunteer will not be coming in. Warm season inclement weather, such as thunderstorms and tornadoes, tend to develop quickly and unpredictably. In these cases, it is generally safer for volunteers to take appropriate cover within the building rather than to be on the road driving home. Therefore, except as directed by the Executive Director, Good Samaritan Health Center of Gwinnett will not close in response to such events.

6. STANDARDS OF CONDUCT

As a volunteer with Good Samaritan Health Center of Gwinnett, volunteer is expected to maintain high standards of conduct. The following list includes some, but not all, of the types of conduct which Good Samaritan Health Center of Gwinnett does not tolerate:

- Making false or misleading statements to Good Samaritan Health Center of Gwinnett, or refusing to provide requested information in a timely manner;

- Making slanderous statements about Good Samaritan Health Center of Gwinnett, its employees, volunteers, interns, or clients;
- Theft or destruction of Good Samaritan Health Center of Gwinnett property or the property of other employees, interns, volunteers, or others helping or working with Good Samaritan Health Center of Gwinnett;
- Abusing, threatening, or intimidating employees, other volunteers, other interns, or others helping or doing business with Good Samaritan Health Center of Gwinnett;
- Possession, distribution, or use of alcohol or illegal drugs on Good Samaritan Health Center of Gwinnett property or while on Good Samaritan Health Center of Gwinnett business;
- Fighting, gambling or engaging in horseplay on Good Samaritan Health Center of Gwinnett property;
- Sexual or other harassment or discrimination;
- Conduct or behavior that negatively reflects on Good Samaritan Health Center of Gwinnett;
- Making long distance personal telephone calls using Good Samaritan Health Center of Gwinnett telephones or making excessive personal telephone calls; and
- Unauthorized disclosure of confidential information.

7. DRUGS AND ALCOHOL

Good Samaritan Health Center of Gwinnett is committed to providing a safe, healthy, and drug-free work environment. Therefore, Good Samaritan Health Center of Gwinnett has established the following policy:

- (1) It is a violation of Good Samaritan Health Center of Gwinnett policy for any volunteer to use, possess, sell, buy, or offer to sell or buy illegal drugs or other non-prescribed intoxicants and controlled substances (or paraphernalia associated with such prohibited substances), or otherwise engage in the use of such substances on Good Samaritan Health Center of Gwinnett property or while working, interning, or volunteering elsewhere for Good Samaritan Health Center of Gwinnett.
- (2) It is a violation of Good Samaritan Health Center of Gwinnett policy for any individual to volunteer under the influence of or while impaired by illegal drugs or other non-prescribed intoxicants and controlled substances, or to report to an event as a volunteer while possessing in any amount such substances.
- (3) It is a violation of Good Samaritan Health Center of Gwinnett policy for any individual to volunteer under the influence of or impaired by alcohol or to

possess or consume alcohol on Good Samaritan Health Center of Gwinnett property or at Good Samaritan Health Center of Gwinnett sponsored events while serving as a volunteer for Good Samaritan Health Center of Gwinnett.

- (4) It is a violation of Good Samaritan Health Center of Gwinnett policy for any volunteer to use prescription drugs illegally or in a manner inconsistent with the physician's prescribed dosage. It is also a violation of Good Samaritan Health Center of Gwinnett policy for any volunteer to use prescription drugs which have the effect of impairing the volunteer's ability to perform his or her volunteer responsibilities in a safe and acceptable manner. (However, nothing in this policy precludes the appropriate use of legally prescribed medications that do not cause unsafe or unacceptable performance of assigned tasks.)

8. SMOKING

Good Samaritan Health Center of Gwinnett is a smoke-free facility. This restriction applies to employees, interns, volunteers and anyone else who comes to Good Samaritan Health Center of Gwinnett.

9. PROHIBITION ON HARASSMENT

Good Samaritan Health Center of Gwinnett does not and will not tolerate harassment of Good Samaritan Health Center of Gwinnett's employees, interns, volunteers, applicants, or anyone else. Harassment is defined as verbal or physical conduct that denigrates or shows hostility toward an individual or that creates an intimidating, hostile, or offensive working environment for an individual because of his/her sex, race, color, religion, national origin, genetic information, age, disability, pregnancy, service in the uniformed services, or any other protected class.

Harassment includes, but is not limited to, epithets, slurs, jokes, or other verbal or physical conduct relating to an individual's sex, race, color, religion, national origin, genetic information, age, disability, pregnancy, service in the uniformed services, or any other protected class. Harassment also includes sexual advances, requests for sexual favors, unwelcome or offensive touching and other verbal, graphic, or physical conduct, or electronic communications (including e-mail) of a sexual nature involving either members of the same sex or opposite sex. If volunteer has any questions about what constitutes behavior prohibited by this policy, ask Good Samaritan Health Center of Gwinnett's Executive Director.

Volunteers who harass others may be immediately asked to leave Good Samaritan Health Center of Gwinnett or the premises of the volunteer work and the volunteer relationship with Good Samaritan Health Center of Gwinnett may be terminated.

If volunteer feels that he or she is being harassed in any way by another volunteer or some other person, or if volunteer observes another volunteer being harassed, volunteer should

immediately notify Good Samaritan Health Center of Gwinnett's Executive Director. We will thoroughly investigate the matter and, where appropriate, take corrective action.

10. NO VIOLENCE

Acts or threats of violence (including intimidating behavior, verbal or physical harassment, and/or coercion) which involve or affect Good Samaritan Health Center of Gwinnett's employees, interns, volunteers, or anyone else will not be tolerated. Violation of this policy may lead to the termination of the volunteer relationship with Good Samaritan Health Center of Gwinnett.

All volunteers are encouraged and have an obligation to report any incidents of threats or acts of physical violence to their supervisor – regardless of the whether the violence is directed at the volunteer or at others. If it would be inappropriate to report to your supervisor, contact the Executive Director.

11. CLIENT INTERACTION

Volunteers may be required to interact with Good Samaritan Health Center of Gwinnett clients as part of their work. However volunteers **shall not, under any circumstances, provide transportation to or from Good Samaritan Health Center of Gwinnett facilities for any Good Samaritan Health Center of Gwinnett client.** Volunteers also shall not, under any circumstances, provide any financial assistance to any Good Samaritan Health Center of Gwinnett clients.

12. PRIVACY

All property of Good Samaritan Health Center of Gwinnett that is furnished to volunteers is only for use and convenience in performing the volunteer's duties. Good Samaritan Health Center of Gwinnett retains the right of full access to this property and may search it from time to time without further notice. Good Samaritan Health Center of Gwinnett may also (without further notice) access equipment furnished by any person, but used in the course of performing volunteer responsibilities, e.g., personal computers, laptops, files, calendars, date books. Furthermore, Good Samaritan Health Center of Gwinnett may, under certain circumstances, search personal property of its volunteers, including but not limited to packages and purses brought on Good Samaritan Health Center of Gwinnett property.

13. CONFIDENTIAL INFORMATION

Good Samaritan Health Center of Gwinnett has certain policies regarding the protection of confidential information. Good Samaritan Health Center of Gwinnett requires all volunteers to agree to and abide by the following policies:

1. Volunteer agrees that during his or her involvement with Good Samaritan Health Center of Gwinnett, and thereafter as long as necessary to assure confidentiality, any private, privileged or confidential information he or she receives including but not limited to financial data (excluding tax and audited annual financial reports); personal information regarding staff, board members, interns, and volunteers; client personal healthcare information; and personal observations of client shall be considered and kept as the private, privileged and confidential records of Good Samaritan Health Center of Gwinnett.

2. Information shall not be divulged to any person, firm, corporation or other entity except on the direct authorization of the Executive Director or designee.

3. If the volunteer is provided with computer access by an assigned password, the computer information accessed by volunteer is confidential and may not be shared with others. The assigned password must also be kept confidential and shall not be divulged or given to others for their own use other than as required by Good Samaritan Health Center of Gwinnett procedures. In the event that the volunteer believes another person had access to his or her password, the volunteer shall immediately request a new password.

4. Upon the termination of volunteer's relationship with Good Samaritan Health Center of Gwinnett, volunteer agrees that he or she will continue to treat the information as private, privileged, and confidential and will not release any such information to any person, firm, corporation, or other entity, by written or verbal statements except upon direct written authority of the Executive Director. Failure to maintain the information as private and privileged will be considered a breach of confidentiality. Good Samaritan Health Center of Gwinnett shall be entitled to an injunction by any competent court to enjoin and restrain the unauthorized disclosure of such information.

5. The volunteer agrees to abide by Good Samaritan Health Center of Gwinnett's internal confidentiality procedures and protections regarding the access, dissemination, input and collection of confidential and private information with regard to data collection, Good Samaritan Health Center of Gwinnett records, Good Samaritan Health Center of Gwinnett's computer system, E-mail, the Internet, facsimiles and other methods of transferring or recording information.

6. All information relating in any manner to Good Samaritan Health Center of Gwinnett participants or organization, whether prepared by volunteer or otherwise coming into the volunteer's possession, shall be the exclusive property of Good Samaritan Health Center of Gwinnett and shall be returned immediately to Good Samaritan Health Center of Gwinnett upon termination of the volunteer's relationship with Good Samaritan Health Center of Gwinnett or upon Good Samaritan Health Center of Gwinnett's request at any time.

14. DOCUMENT RETENTION

Good Samaritan Health Center of Gwinnett also maintains a policy of retaining only those documents (including paper documents, emails, voicemails, and computer files) which must be legally retained and which are needed to operate Good Samaritan Health Center of Gwinnett. Volunteers should be aware that, if Good Samaritan Health Center of Gwinnett becomes involved in a lawsuit or an investigation, it may have an obligation to immediately preserve certain categories of relevant documents. Accordingly, only unnecessary records may be shredded and/or deleted. If volunteer has a question as to whether a document must legally be retained, volunteer must contact his or her supervisor. The purpose of this policy is to ensure the safety and security of Good Samaritan Health Center of Gwinnett's clients and donors while ensuring compliance with Good Samaritan Health Center of Gwinnett's legal obligations.

15. PHOTOGRAPHS/CAMERAS

Volunteers are not permitted to take photographs and/or video or audio recordings (collectively "Images") while on Good Samaritan Health Center of Gwinnett premises or at Good Samaritan Health Center of Gwinnett functions unless specifically requested by their supervisor to do so. If requested by Good Samaritan Health Center of Gwinnett to take Images, volunteer shall strictly follow Good Samaritan Health Center of Gwinnett instructions on the types of Images that volunteer is allowed to take when given permission to do so. Those who will be photographed and/or video or audio recorded by volunteers must give their written permission to be photographed and/or recorded in any way. Additionally, volunteers are specifically prohibited from using their own personal equipment including, not limited to, cell phones and digital cameras when taking Images on behalf of Good Samaritan Health Center of Gwinnett.

Assignment: If requested to take Images by Good Samaritan Health Center of Gwinnett, volunteer hereby grants and conveys to Good Samaritan Health Center of Gwinnett, without limitations, all rights, title and interest in any and all Images made by volunteer on behalf of Good Samaritan Health Center of Gwinnett or for Good Samaritan Health Center of Gwinnett during their participation in Good Samaritan Health Center of Gwinnett projects, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Release: Volunteer hereby irrevocably grants and conveys unto Good Samaritan Health Center of Gwinnett, without limitations, all rights, title and interest in any and all Images taken of volunteer during their activities with Good Samaritan Health Center of Gwinnett including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer consents, in advance, to Good Samaritan Health Center of Gwinnett's use of volunteer's name, photograph, voice, or likeness for all promotional purposes related to Good Samaritan Health Center of Gwinnett and its sponsors and beneficiaries and waive all rights to privacy in connection therewith.

16. WORK MADE FOR HIRE AND ASSIGNMENT

The volunteer may create certain works on behalf of Good Samaritan Health Center of Gwinnett that may be copyrighted under the laws of the United States. To the extent that any such works are created, volunteer will be considered to have created a work made for hire as defined in 17 USC Section 101, and Good Samaritan Health Center of Gwinnett shall have the sole right to the copyright. In the event that any work created by the volunteer does not qualify as a work for hire, for any reason, the volunteer agrees to assign without limitations, all of your rights, title and interest in the work to Good Samaritan Health Center of Gwinnett. This includes, but is not limited to, any royalties, or other benefits derived from such works created.

17. USE OF ORGANIZATION'S NAME

If using Good Samaritan Health Center of Gwinnett's name and any photographs of any Good Samaritan Health Center of Gwinnett staff in any written materials, publications, websites, blogs, or other media without the express authorization from Good Samaritan Health Center of Gwinnett, make it clear that your views do not necessarily represent the views of Good Samaritan Health Center of Gwinnett.

18. SOCIAL MEDIA

Before posting online content to any social media platforms, Volunteers should carefully read Good Samaritan Health Center of Gwinnett's Social Media Policy. Volunteers acknowledge that they have read the Social Media Policy and that they are aware that the Social Media Policy applies to Volunteers. Volunteers agree to comply with all aspects of the Social Media Policy.

19. PERSONAL INFORMATION

Volunteers are prohibited from giving out their personal information or any employee or other volunteer's personal information (including mailing address, e-mail address and/or telephone number) or the personal information of anyone else associated with Good Samaritan Health Center of Gwinnett. This policy is designed to protect volunteer's privacy and security (and other volunteers' privacy and security) and to prevent volunteer (or other volunteers) from receiving personal phone calls, visits and requests from the children or their families.

20. SUSPECTED CHILD ABUSE

While Volunteer is working for Good Samaritan Health Center of Gwinnett, Volunteer may come into contact with a child in connection with Volunteer's responsibilities. If a child tells Volunteer of an incident or Volunteer has reason to suspect abuse, it should be reported. Volunteer needs to make his or herself aware and informed of Good Samaritan Health Center's Suspected Child Abuse Reporting Policy. Volunteer agrees that they have read and agree to comply with the Suspected Child Abuse Reporting Policy.

Social Media Guidelines

Good Samaritan Health Center of Gwinnett recognizes that the internet provides unique opportunities to participate in interactive discussions and share information on particular topics using a wide variety of social media, such as Facebook, Twitter, LinkedIn, blogs and wikis, and that its employees and volunteers will engage in forms of social media during their non-working hours. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, as well as any other form of electronic communication. However, employees' and volunteers' use of social media can pose risks to confidential and proprietary information, reputation and brands, can expose the Company to discrimination and harassment claims and can jeopardize the Company's compliance with business rules and laws. To minimize these business and legal risks, to avoid loss of productivity, and to ensure that the Company's IT resources and communications systems are used appropriately as explained below, the Company expects adherence to its guidelines and rules regarding use of social media.

Social media should never be used in a way that violates any of the Company's policies or obligations. Volunteers are prohibited from using social media to:

1. Violate the Company's confidentiality and proprietary rights policies.
2. Circumvent the Company's ethics and standards of conduct policies.
3. Engage in unlawful harassment.
4. Circumvent policies prohibiting unlawful discrimination.
5. Violate the Company's privacy policies.
6. Violate any other applicable laws or ethical standards.

Personal use of social media is never permitted on working time by means of the Company's computers, networks and other IT resources and communications systems. Volunteers are prohibited from accessing social media or other websites through their own device(s) while on working time unless such access is strictly related to and necessary for their job duties. Volunteers should not use Company email addresses to register on social networks, blogs, or other online tools utilized for personal use.

Volunteers who violate the Company policies may be subject to discipline, up to and including termination. This policy is not intended to preclude or dissuade Volunteers from engaging in activities protected by state or federal law.

Any requests for interviews, conversation, or information from the media in any form regarding Company-related issues should be referred to the Company's Executive Director. No team member may speak to the media on behalf of the Company unless he or she has received express permission in advance from the Executive Director.

Suspected Child Abuse Reporting Policy

If a child tells you of an incident or you have reason to suspect abuse, it should be reported. Abuse may include neglect, physical or sexual abuse or exploitation. (Refer to O.C.G.A. § 19-7-5 for the definition of child abuse and specific reporting requirements under Georgia law.) If you suspect abuse of a child while volunteering or working with **Good Samaritan Health Center of Gwinnett, Inc.** (the "Organization") at any program or event, you should follow the procedure below.

If a child confides in you or you suspect abuse, do not ask the child questions, as this may cause confusion or a change in the child's story. Report the incident to the Executive Director or to the person in charge of the program or event if the Executive Director is not available. If suspected abuse is reported to the person in charge of the program or event, this person should also refrain from questioning the child and should make a factual report to the Executive Director. The Executive Director will then report the suspected abuse to the proper authorities. A person trained in forensic interviewing will know how to properly interview the child.

If a staff member, board member or volunteer makes the report of suspected abuse, it is assumed, unless proven otherwise, that the report is made in good faith, so there will be no penalty if the accusation results in a case which cannot be substantiated. This is known as the Good Samaritan Law.

It is important that the Executive Director or any other person who receives a report of suspected abuse clearly document the facts and circumstances that led to this report as soon as possible. The record documenting the report should include the exact date, time and location of the incident, the exact words of the child, and a detailed description of any physical evidence. A person trained in forensic interviewing will know how to professionally interview the child.

Because of our work with children, the Organization is *or* could be construed as a *mandated reporter*. Therefore, it is imperative that all volunteers, staff members and others working on behalf of the Organization abide by this policy.

Background Investigation Policy

In order to provide a safe and secure environment for its employees, volunteers, clients and the public, **Good Samaritan Health Center of Gwinnett, Inc.** may conduct a background investigation as part of the application process for volunteers, which includes a criminal background check, and may also include a credit background check, depending on the position. This background investigation is a part of evaluating each candidate's fitness for the position sought.

Policy Guidelines

All background investigations will be conducted in accordance with applicable law. Applicants, employees or volunteers will be notified if a background investigation will be conducted, and will be asked to complete a Background Investigation Disclosure and Authorization Form in accordance with the Fair Credit Reporting Act (FCRA) authorizing the Organization to conduct the background investigation. The candidate will also receive a summary of rights under the Fair Credit Reporting Act. If requested, the candidate will be provided with a copy of this Background Investigation Policy.

The components of the background check will depend on the position, and may consist of the following:

- Verification of the information given to the Organization on the applicant's resume and/or application;
- Criminal history check;
- Credit history check (if job-related, such as positions in which the individual has financial responsibility or handles funds); and/or
- Driving record verification (if job-related, such as positions in which the individual will be responsible for driving as a part of his or her work duties).

The Organization complies with the Fair Credit Reporting Act, similar state laws, federal and state equal employment opportunity laws, and all other applicable laws or regulations that affect the performance of background investigations for applicants, employees or volunteers. The results of background investigations are confidential, and are to be shared with employees of the Organization only on a "need to know" basis.

Unless otherwise provided by law, a criminal record will not automatically disqualify a volunteer. Similarly, having adverse credit information, including a judgment, lien or bankruptcy, does not automatically preclude a volunteer's eligibility. Determinations of suitability based on background investigations will be made consistent with this policy, and any applicable laws or regulations on a case-by-case basis.

**GOOD SAMARITAN HEALTH CENTER OF GWINNETT'S – HANDBOOK
ACKNOWLEDGEMENT FORM**

By signing this Acknowledgment Form, and initialing above, I hereby acknowledge that I have received Good Samaritan Health Center of Gwinnett's Handbook, I have read those policies, I agree to fully abide by Good Samaritan Health Center of Gwinnett's Handbook, and I am familiar with its terms.

I understand that that the purpose of this handout is to provide volunteers of Good Samaritan Health Center of Gwinnett with general information regarding the policies and procedures Good Samaritan Health Center of Gwinnett attempts to follow in most cases. I also understand that because of the nature of Good Samaritan Health Center of Gwinnett's operations and the variations inherent in individual situations, the policies and procedures set out in these policies may not apply to every situation. I understand that under no circumstances are the policies and procedures contained in this handbook to be considered promises by Good Samaritan Health Center of Gwinnett.

I understand and acknowledge that Good Samaritan Health Center of Gwinnett may, in its sole discretion, interpret, modify, revise, delete, or add to any of the policies or procedures contained herein. I understand that Good Samaritan Health Center of Gwinnett may do this at any time, with or without notice and that Good Samaritan Health Center of Gwinnett's decisions in this regard will be final.

I understand that, as an unpaid volunteer, Good Samaritan Health Center of Gwinnett is not my employer, and I will not be compensated for the work that I perform for Good Samaritan Health Center of Gwinnett.

I further understand and agree that my volunteering may be terminated by Good Samaritan Health Center of Gwinnett at any time for any reason. Additionally, I understand that I may terminate the volunteer relationship at any time.

I HAVE READ THE ABOVE STATEMENTS, AND I UNDERSTAND AND AGREE TO ABIDE BY GOOD SAMARITAN HEALTH CENTER OF GWINNETT'S HANDBOOK.

Date

Volunteer's Printed Name

Volunteer's Signature