GROUP ACTIVITY VOLUNTEER CONTRACT

We ask **each** group participant to agree to the following statements and sign this form:

1. I will be dependable and come at my scheduled group time.

2. I will complete this form and my confidentiality statement and bring them with me to the Pediatric Playroom when I come for my activity.

3. I will obey the following dress code. **ANYONE DRESSED INAPPROPRIATELY WILL NOT BE ALLOWED TO PARTICIPATE IN THE ACTIVITY.**
   - Appropriate good taste and good grooming.
   - UNC Health Care believes personal neatness and appropriate attire provide an atmosphere of confidence and professionalism.
   - Clothing should be clean, pressed, and in good condition.
   - SHORTS, TANK TOPS, HATS and MIDRIFFS are considered inappropriate.
   - Denim pants/jeans are allowed, but may not have holes or rips in them.
   - No leggings, exercise clothes, or active wear may be worn.
   - No sandals, flip flops or "open toed" shoes may be worn. Soft-soled shoes such as sneakers or tennis shoes are suggested.
   - Do not wear cologne or perfume.
   - Body piercings other than earrings must be removed while volunteering.
   - Body tattoos should be covered.

4. I will be pleasant to everyone. I will have a friendly smile for everyone I encounter. I will have a positive attitude while I am participating in any activity at UNC Hospitals.

5. I know I am not allowed to access information about patients. I will keep confidential any information I see or hear. I will not discuss information with anyone – family or friends.

I certify that I have read and agree to comply by the rules set by the Department of Volunteers Services and UNC Health Care.

_____

Group Represented

_____ _____

Signature **Date**

3/13

Department of Volunteer Services
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