

**Triumph Hospital Detroit
Volunteer Services**

VOLUNTEER AGREEMENT

I, _____, voluntarily agree to be a volunteer at Triumph Hospital Detroit.

I agree that I am not under any circumstances an agent or employee of the hospital including for purposes of workers' compensation. I expect no compensation in return for my volunteer work. Any hours I volunteer will be according to a schedule mutually developed by myself and the hospital.

I have received a copy of and understand and agree to comply with the hospital's policy against sexual harassment.

I consent to the hospital performing a background check and drug test on me before allowing me to volunteer.

I agree to hold the hospital harmless from any liability related to or arising from by volunteer work at the hospital, including personal injury.

I acknowledge that the hospital and I each have the right to terminate my volunteer relationship at any time.

Volunteer Signature _____

Volunteer Director/Coordinator _____

Date _____