



## VOLUNTEER AGREEMENT

The undersigned individual, \_\_\_\_\_ (**Volunteer or I/my**), has agreed to perform certain services to families (**Family**) of critically ill children registered with **Normal Moments, Inc. (NM)**. My initials by each paragraph below indicate that I have read, understand, and agree to the terms in this Agreement.

### BACKGROUND CHECK

\_\_\_\_\_ I agree to provide accurate information and fingerprints so that NM may obtain a background check before allowing me access to the Family's home or information. I understand that providing false information could be grounds to deny me any ability to assist or perform services for NM.

### NM SERVICES

\_\_\_\_\_ I understand that NM is a supportive services organization whose mission is to relieve daily stress for parents of critically ill children. I recognize that NM's priority, and mine when I am volunteering for NM, is to meet the parents' needs. I agree to perform tasks to the best of my ability in the manner and at the times the Family requests.

\_\_\_\_\_ I understand that NM provides urgent services to the Family. I also understand that responsible care and timely completion of each requested task in the manner defined by the Family is essential to NM's work. I agree to be at the Family home as scheduled, to complete each task within the time frame requested by the Family, and to leave the Family home in good condition after each visit. I agree to make my commitment to NM and the Family my highest priority during my service to the Family.

\_\_\_\_\_ If I am unable to meet my commitment to NM and the Family, I will contact NM as soon as possible, not less than 24 hours before my scheduled service, so that NM can make alternative arrangements for the Family. I am aware that volunteer resources may be limited and that my inability to fulfill an obligation to the Family may result in a complete loss of service for the Family during my scheduled time. I agree to give priority to the Family to the best of my ability, unless circumstances make this impossible for me.

\_\_\_\_\_ I understand that my duties may include care of pets within the Family home. I agree to notify the Family and NM immediately if I am aware of any concern regarding the health and well-being of Family pets.

\_\_\_\_\_ (Initials)



# Normal Moments

\_\_\_\_\_ I understand that NM does not provide medical services of any kind, and accordingly, I agree to refrain from making any comments that, to the best of my awareness, the Family might understand as medical recommendation or medical advice. I agree to limit my sharing of personal experiences according to the Family’s preference or request. I agree not to convey, orally or in writing, any evaluation or judgment I might make of a diagnosis or the Family’s treatment choices. If the Family asks for my recommendation, I agree to limit my response to recommending that they independently research their questions, or that they seek additional professional advice such as a second opinion or further discussion with treating health care providers.

## CONFIDENTIALITY

\_\_\_\_\_ I understand that I will have access to private, confidential medical and other information as well as Family personal property. I agree to protect all confidential information and to limit discussion of that information to the “David Coordinator” or other NM Director. I agree to protect the Family’s privacy as well as the privacy of the Family home. I agree not to allow other individuals who are non-Volunteers any access to the Family home; not to remove Family property from the Family home; and not to engage in any activity other than that which the Family has requested from NM.

## HOLD HARMLESS

\_\_\_\_\_ **I agree to hold both NM and the Family harmless for any injury to me or my property, including bites, scratches, or other injury from Family pets. I agree to hold NM and the Family harmless for injury of any kind to me or my personal property that may occur in the Family home or on the Family home property.**

## I UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS.

\_\_\_\_\_  
Volunteer Printed Name

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

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

## NM APPROVAL

\_\_\_\_\_ I have reviewed and discussed this agreement with the above individual and believe he or she is committed to responsibly performing volunteer services for NM.

\_\_\_\_\_  
NM Agent Printed Name

\_\_\_\_\_  
NM Agent Signature

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