KUMC POLICY ON VOLUNTEERS IN THE WORKPLACE

POLICY STATEMENT

The University of Kansas Medical Center recognizes and appreciates the contributions of volunteers to its mission of education, research and service. This policy enables departments to set forth requirements pertaining to volunteers and to engage their services. This policy does not govern minors who volunteer in a research laboratory; such activities are governed by the KUMC Policy for Minors Working, Volunteering or Shadowing in Research Laboratories http://www.kumc.edu/Documents/compliance/safety/Minor%20Policy%20-%20fillable%20form%20-%202011%2006%2016.docx

Volunteers are individuals who perform services for their own benefit, in furtherance of the humanitarian, educational, service or outreach missions of the University and/or to gain professional experience through their service to KUMC. Volunteers are uncompensated and provide services without expectation of pay. To ensure that an individual performing volunteer services is not an employee for purpose of the Fair Labor Standards Act, all of the following criteria must be satisfied in order for an individual to be approved as a volunteer:

- The services are intended to be voluntary and to be rendered without compensation.
- The services must constitute a bona fide effort of the individual to volunteer for a humanitarian or public service purpose or for the benefit of his/her professional experience.
- The fact that the individual is an employee elsewhere in the University does not mean he/she cannot volunteer provided the volunteer activity differs, substantially and distinctly, from his/her employment. (29 Code of Federal Regulations, 553.101-103)
- However, where an employment relationship does exist, that relationship may not be waived; so, for example, an employee cannot volunteer to do activities that are the same or similar to ones he/she performs in his/her KUMC job.
- Individuals volunteer their time for their own personal motives, without promise or expectation of compensation, at hours that are convenient to them as well as to The University of Kansas Medical Center.
- Volunteers must not be utilized in ways that displace or replace regular employees in the performance of their normal duties. If volunteer services jeopardize employment of an individual to perform the same services, the volunteer activity should not be approved.

Requirements and responsibilities pertaining to volunteers

University volunteers are subject to and must abide by all applicable University and departmental policies, procedures and rules including but not limited to those relating to health and safety, confidentiality, protected health information, non-discrimination, computer use, ethics, conflict of interest, background check, financial responsibility, drug use and anti-violence. Foreign nationals must have the appropriate visa and authorization to engage in volunteer activities, as certified by the KUMC International Programs office.
Volunteers who work with human subjects research must meet the requirements of this policy as well as being approved by the Human Subjects Committee (HSC). Volunteers who work with animal subjects must meet the requirements of this policy as well as being approved by the Institutional Animal Care and Use Committee.

**Prohibited activities for volunteers**

University volunteers cannot replace employee positions or impede the employment of a University position.

University volunteers are also prohibited from performing the following activities:

- Operating heavy equipment including university owned heavy equipment and vehicles
- Working with stored energy (e.g. steam, electricity, hydraulics)
- Activity considered inappropriate for any employee
- Entering into any contract on behalf of the University
- Working with infectious or potentially infectious agents, including human blood, unless proof of appropriate training is provided.

**Procedure for placing a volunteer** *(see volunteer procedure checklist at end of policy)*

Any department that engages a volunteer must develop a description of the volunteer assignment. Following this, the department must establish a screening and selection process that best meets its needs. The department informs the Talent Acquisition Manager the volunteer’s name and email address for the completion of a background check. A Volunteer Engagement Form (Attachment 1) must be completed by the department and be signed by the department director or chair. A copy of the Engagement Form must be sent to Human Resources for institutional approval. The Human Resources office is located at 1044 Delp. The Volunteer Engagement Form must be maintained in Human Resources for a minimum of 3 years after the volunteer’s activity at KUMC is completed.

A volunteer must complete a Volunteer Application Form (Attachment 2), which includes providing of proof of health insurance, signing a liability release and signing a confidentiality agreement.

Volunteers who interact with animals or patients are required to provide proof of current immunizations for Tetanus-Diphtheria, MMR, Hepatitis B, Varicella, and annual TB screening. Any immunizations that are not current can be obtained from KUH Occupational Health at the department’s expense. Immunizations, if needed, are recorded on the Immunization Checklist (Attachment 3).

Once all forms are completed, validated and returned to Human Resources, Human Resources issues an ID badge and authorizes the applicant for the KUMC Volunteer Program.

Any department that engages a volunteer must ensure that the volunteer has the necessary training and/or supervision to safely carry out the volunteer activity; and, depending on the particular function
performed, must meet appropriate licensure requirements. An individual who volunteers services in a field which requires a license or certificate must satisfy that requirement prior to volunteering.

**Dismissal**

Volunteers may be dismissed at any time without cause or prior notice.
VOLUNTEER PROCEDURE CHECK LIST

(Note – Volunteers who interact with animals or patients are required to provide proof of current immunizations.)

☐ Department identifies a volunteer per Volunteer Policy

☐ Department has candidate complete the volunteer paperwork

☐ Department emails the Talent Acquisition Manager (shawkins6@kumc.edu), the completed volunteer paperwork, which includes the volunteer name, email and speed type for background checks.

☐ The Talent Acquisition Manager informs the department of the results of the background check and asks the Department to complete the Volunteer Engagement Form; Department also asks the volunteer to complete the Volunteer Application Form.

*** If the volunteer does not require immunizations, the volunteer will bring the Volunteer Engagement Form and Volunteer Application Form to the Talent Acquisition Manager in Human Resources. The Talent Acquisition Manager will review the forms to insure appropriate authorizations, the volunteer receives an ID badge and the process is complete. If the Volunteer requires immunizations, the Volunteer follows the additional steps below.

☐ Once the Talent Acquisition Manager receives the Volunteer Engagement and Volunteer Application Forms, she forwards the applicable information to Occupational Health.

☐ The Talent Acquisition Manager then contacts the Volunteer to schedule their immunization appointment with Occupational Health.

☐ The Volunteer will take a copy of the Volunteer Engagement Form and the Immunization Form to Occupational Health for immunizations.

☐ Once immunizations are complete the Volunteer brings the Immunization Form to the Talent Acquisition Manager in Human Resources. The Talent Acquisition Manager will review the forms to insure appropriate authorizations, the volunteer receives an ID badge and the process is complete.

☐ Approval by HSC for volunteers working with human subjects research

☐ Approval by IACUC for volunteers working with animal subjects research
ATTACHMENT 1

KUMC VOLUNTEER ENGAGEMENT FORM

Identification Information

Name: _____________________________________________________________

Address: __________________________________________________________________________

City: ____________________________ State: _______ ZIP: _______

Date of Birth: ______________________

Phone: _________________ Email: _________________________________

Profile Information

☐ Undergraduate Student ☐ Graduate Student
☐ Post-Doctoral Student ☐ Community Member
☐ Other: _______________________________________________________________________

Volunteer Duties

KUMC department: ________________________________________________

Volunteer’s supervisor: ____________________________________________

_________________________ _____________________________
Volunteer Name / Date Chair/Director Name / Date Supervisor Name

_________________________ _____________________________
Volunteer Signature Chair/Director Signature Supervisor Signature

_________________________ _____________________________
Department Administrator Department Administrator Signature / Date
KUMC VOLUNTEER PLAN

Responsibilities for the Volunteer (in detail)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

How will this volunteer benefit your department?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Estimated Time Commitment

______________________________
ATTACHMENT 3

KUMC VOLUNTEER APPLICATION FORM

Applicant Information

Name: ____________________________________________

Address: ____________________________________________

City: __________________________ State: _______ ZIP: _______

Date of Birth: __________________

Phone: ___________ Email: ____________________________

Have you previously been employed by The University of Kansas Medical Center? □ Yes □ No
If you answered “yes”, describe below the date(s) of employment, the responsibilities of the position, and any other relevant information you wish to provide about the employment:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Do you have any criminal convictions? □ Yes □ No
If you answered “yes”, describe below the date(s) of conviction, the charge(s) involved, and any other relevant information you wish to provide about each conviction:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Profile Information

☐ Undergraduate Student ☐ Graduate Student
☐ Post-Doctoral Student ☐ Community Member
☐ Other: ______________________________

Interests and Skills

Please tell us what interests you in volunteering at KUMC.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please tell us about any skills or interests that may be relevant to volunteering at KUMC.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Confidentiality Agreement

Patients at KU Medical Center are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and by federal privacy regulations known as the Health Insurance Portability and Accountability Act ("HIPAA"). Those regulations specify substantial penalties for breach of patient confidentiality.

1. All patient medical and personal information is confidential information regardless of the educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care of or services to the patient or involved in approved research projects, who have a valid need to know the information.
2. Under strict circumstances, upon receipt of a properly executed medical authorization by the patient or a HIPAA-compliant subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department or the University’s Office of Legal Counsel at 913-588-7281, depending upon the situation.

3. Computer user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive.

4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.

5. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

Liability Release

In consideration of the fact that KUMC has agreed to allow me to be on its premises in the capacity of a volunteer, I agree to the following terms and conditions required for the experience.

I agree that I am covered by a privately purchased and effective health insurance policy and will continue to be covered by such a policy during the time in which I am volunteering at KUMC. My health insurance carrier is:______________________ Policy No:_______________

I shall complete KUMC’s required training prior to beginning any volunteer activities. The department in which I am volunteering will inform me about training relevant to my volunteer activities.

I agree that, if KUMC determines that I may have any contact with patients or animals, I will be required to provide proof that the following immunizations are current: Tetanus-Diphtheria, MMR, Hepatitis B, Varicella, and annual TB screening.

I understand that volunteering may involve risks of injuries or health exposures, and I agree that my volunteering and any risks are being voluntarily assumed.

I agree that KUMC, its employees and agents are hereby released from any and all liability related, directly or indirectly, to my volunteering, and I agree to hold KUMC and its employees and agents harmless from any and all liability, causes of action, or other claims related to my volunteering.

Declaration
I confirm that the information that I have provided in support of this application is complete and true. I agree to the terms and conditions stated in this application form. I authorize KUMC to conduct a criminal history background investigation on me. I understand that this position is truly a volunteer position and that I am volunteering my time and effort without cost to KUMC and understand that I will receive no compensation or benefits for this volunteer work.

Volunteer Name / Date

Signature of Parent or Guardian /Date
(If student is under 18 years of age)

__________________________

Volunteer Signature

Please return this form to the department in which you are applying to volunteer
IMMUNIZATION CHECKLIST FOR KUMC VOLUNTEERS

(This form is applicable when the volunteer will interact with animal subjects or patient populations)

Name: ___________________ Date of Birth: ________________

Social Security Number: ____________________________
(SSN is required only if immunizations are provided by KUH Occupational Health)

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirement</th>
<th>Current</th>
<th>Date Provided by KUH Occ. Health</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td>Within 10 years</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Two doses</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Three doses</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Two doses</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>TB Surveillance*</td>
<td>Annual for Animal labs; Every other year from human research</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*For convenience to the volunteer and the department, Occupational Health recommends a one-time blood draw for TB surveillance rather than four visits needed for skin testing. Additional information is available from the Occupational Health office at 588-6512.

Volunteer may provide current immunization records. If records are not available, or if all immunizations are not current, Occupational Health can provide the necessary vaccines at the Department’s expense. Please complete the lines below if immunizations are needed.

__________________________
KUMC Department

Department SpeedType __________________________

Department Mail Stop __________________________

______________________________
Department Administrator Name Department Administrator Signature/Date