



# Hamilton Health Sciences Foundation Volunteer Policies

March 2022

## WELCOME

Thank you very much for choosing to share your talents and time with Hamilton Health Sciences Foundation. We are very appreciative of your commitment to help us deliver on our mission.

Whatever role you play as a volunteer, you are part of a team that is committed to raising funds for the purpose of supporting outstanding clinical care and research for the communities served by Hamilton Health Sciences. Whether you are joining us in our offices or at one of our events, we greatly appreciate your commitment.

This handbook will serve as a reference for you on our organizational goals and policies to which you are expected to adhere.

## VOLUNTEER POLICY DOCUMENT

The purpose of this policy document is to ensure individuals who volunteer with Hamilton Health Sciences Foundation in any capacity have a basic understanding of the organization and the policies to which they are expected to adhere. In addition, for those volunteers who are supporting one of our events, a waiver of liability is required to be signed.

Hamilton Health Sciences Foundation – Mission, Vision and Values

The **mission** of Hamilton Health Sciences Foundation is **'To raise funds and manage donor gifts for the purpose of supporting outstanding clinical care and research for the communities served by Hamilton Health Sciences'**.

The **vision** of Hamilton Health Sciences Foundation is **'A community fully embracing the importance of health, while enabling excellence in philanthropy and the achievement of our goal of *Health Care, Transformed.*'**

## Values

The Foundation believes that relationships and partnerships are the basis of excellence in fundraising. Therefore we will:

- Treat all donors, the Hospital and others with integrity, respect and appreciation.
- Be accountable to our donors and the community.
- Encourage creativity and innovations in our activities.

***The role of a volunteer is to support the mission, vision, and values of Hamilton Health Sciences Foundation in addition to the specific goals and efforts of the event or project which they are supporting***

This document provides a high level overview of a number of HHS/F policies that are applicable to volunteers. The full text of any of these policies is available by request from the Foundation staff person responsible for the volunteer assignment.

### **Conflict of Interest**

The purpose of this policy is to promote conduct that aligns with our corporate value of “accountability” by adopting high ethical standards to guide us. The core principles of this policy are to avoid any situation in which an HHSF volunteer or internal stakeholder has or may be perceived to have (by a reasonable person in all the circumstances) a private or personal interest which results in the following:

- The objective exercise of his / her volunteer duties with HHSF being influenced to the detriment of HHSF or those having dealings with HHSF, and/or:
- A gain or advantage or showing of preference to the HHSF volunteer, internal stakeholder, life-partner, immediate family member, or close friend of the HHSF internal stakeholder or volunteer, to the detriment of HHSF or those having dealings with HHSF.

### **Accessibility for Ontarians with Disabilities (AODA) Policy**

#### **1.0 PURPOSE**

The purpose of this policy is to outline practices, policies and procedures in place at Hamilton Health Sciences Foundation to help identify and remove barriers that impede a person's ability to access services.

#### **2.0 POLICY**

Hamilton Health Sciences Foundation is committed to giving people with disabilities the same opportunity to access our services and allow them to benefit from the same services, in the same place and in a similar way as other people. Hamilton Health Sciences Foundation is committed to preventing, identifying and removing barriers that impede the ability of people with disabilities to access our premises and website.

Some events by their very nature will not be fully accessible. All efforts will be made to accommodate those with disabilities who wish to be either a participant or spectator. In the event a volunteer encounters a situation associated with an accessibility issue, they should engage a Foundation staff member for assistance.

### **Confidentiality**

All volunteers are required to complete and sign a “Confidentiality Pledge”.

Hamilton Health Sciences Foundation, its employees and volunteers have a legal obligation to respect the confidentiality of all clinical, health related, personal, human resource, social and / or psychological information regardless of the context in which it was received including but not limited to event participants (including patients, staff, family and teams), regardless of whether access to such information was verbal, documents, computerized or otherwise obtained. Volunteers may only divulge, obtain and/or use confidential information

as needed by them to perform legitimate volunteer duties. IN appropriate access, disclosure, misuse or failure to safeguard confidential information is subject to disciplinary action.

### **Vaccination Status, Masking, and COVID-19**

We require all volunteers to be fully vaccinated against COVID-19 and to wear a mask while volunteering at this event. This requirement is in alignment with the current vaccination and masking mandate of HHS. Vaccine certificates may be requested and please do not attend the event if you feel ill.

## **2.0 Policy Statement**

### **2.3**

Once volunteer services are ceased with the HHSF, it is expected that all information mentioned above is to be treated confidentially, and with agreement to not disclose it to any third party, for any reason, except with written authorization from the hospital or Foundation.

### **2.4 Computer Information/Passwords**

Volunteers must protect any user code(s) or password(s) that may be provided and used to access computer information systems and programs. The volunteer user codes and / or passwords and all activities undertaken using such codes and passwords are the responsibility of the authorized volunteer. If at any time the volunteer feels that the confidentiality of this code or password has been or might be breached, they are to report any concern to their designated supervisor.

### **2.5 Personal Health Information Protection Act**

In the case of an event volunteer obtaining/accessing any patient/health information, it is the responsibility to become familiar with and adhere to the respective provisions. The HHSF has incorporated the requirements of the Personal Health Information Protection Act into its policies and procedures for the access to and treatment of confidential patient, staff, and volunteer information. Any fraudulent application, violation of confidentiality or any other violation of the above provisions may result in disciplinary action up to fines for liability under the Personal Health Information Protection Act.

### **Adherence to Hamilton Health Sciences Values-Based Code of Conduct**

A values-based code of conduct clearly and concisely describes an organization's behavioural expectations of its members. It outlines what types of behaviours are expected in the workplace, which includes any Foundation organized events.

The HHS Values-Based Code of Conduct "RESPECT"

R – Responsibility – accountable for own actions and outcomes

E – Etiquette – demonstrate awareness of acceptance of diversity by being polite and considerate

S – Support – foster an environment that recognizes the various needs of individuals

P – Professionalism – adhere to HHSF values and policies, and professional and regulatory standards and practices

E – Education – continuously develop and demonstrate behaviour that fosters a positive working and teaching environment

C – Communication – use clear and concise language, and appropriate methods for giving direction and providing constructive feedback; remember your body language

T – Teamwork – treat all individuals as valuable members of the team

#### “What is Inappropriate Behaviour”

Inappropriate behavior is conducting oneself in a way that is undesirable, unsuitable, improper, or incorrect. Inappropriate behavior can be a subjective interpretation based on how an individual expects to be treated. Inappropriate behavior may be written, verbal or behavioural. Examples of inappropriate behavior or conduct include:

- Comments that are insulting, hurtful, disrespectful or rude
- Threatening or abusive language directed at an individual
- Degrading or demeaning comments
- Profanity or similar offensive language
- Physical behavior with another individual that is perceived as threatening, intimidating or unwelcome
- Body language that is irritating or offensive
- Discussing workplace conduct, concerns, and conflicts in front of others
- Passive-aggressive behavior – describes behavior that is passive in expression but is aggressive or malicious in intent. The purpose of passive-aggressive behavior is to express anger without having to be responsible for that anger, so anger can be denied. Passive-aggressive behavior may include non-verbal behavior or body language that is irritating or offensive.

**HAMILTON HEALTH SCIENCES FOUNDATION  
CONFIDENTIALITY AGREEMENT FOR EVENT VOLUNTEERS**

I, \_\_\_\_\_, recognize my responsibility to preserve the confidentiality and integrity of all personal and Hamilton Health Sciences Foundation business information to which I may have access. I will disclose such information only as authorized by HHSF policy or relevant law. In addition, I acknowledge and agree that:

1. I will limit my collection, use and disclosure of any individual's personal data for an identified purpose to which the individual has consented. I will also limit my collection and use of such information to that data which I need to know in order to perform work authorized by HHSF and assigned by HHSF to me.
2. I will promptly report and, when possible, correct any conditions that may prevent the confidentiality or security of personal information held by HHSF. I will ensure that I am fully aware of any and all policies or procedures applicable to HHSF and adhere to them appropriately.
3. Hamilton Health Sciences Foundation may terminate my access to volunteer related information, with or without explanation.
4. My obligation to respect the confidentiality and integrity of information as described in this statement is ongoing both during and after my volunteer association with Hamilton Health Sciences Foundation.

I understand that violation of this agreement may result in possible legal liability and in corrective or disciplinary action, up to and including termination of association with Hamilton Health Sciences Foundation.

By signing this document I acknowledge that I have read and will adhere to the Policies Guidelines as listed below;

1. Foundation Vision, Mission and Values
2. Conflict of Interest & Code of Conduct
3. Accessibility Policy
4. Confidentiality Policy
5. Vaccination Status, Masking, and COVID-19
6. Value Based Code of Conduct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

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

2022 MacKids Walk & Wheel Waiver

In consideration of the acceptance of my application and the permission to participate as an entrant, observer, volunteer or spectator for MacKids Walk & Wheel, June 4, 2022, (the "Event") I for myself, my minor (if any), my heirs, my parents or legal guardian (where applicable), executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Hamilton Health Sciences Corporation, Hamilton Health Sciences Foundation, McMaster Children's Hospital, Ron Joyce Children's Health Centre, City of Hamilton, and all other associations, sanctioning bodies and sponsoring companies, elected and appointed officials, and all of their and their affiliates, agents, officials, directors, employees, servants, volunteers, contractors, representatives, successors and assigns OF AND FROM ALL claims, liabilities, suits, debts, losses, obligations, judgments, charges, demands, payments, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of, relating to, or in connection with the Event or of my or my minor's (if any) participation in the Event, whether as a spectator, observer, participant, or otherwise, whether prior to, during or subsequent to the Event AND NOTWITHSTANDING that same may have been contributed to or caused by the negligence of the aforesaid.

I FURTHER HEREBY AGREE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid and their affiliates' employees, volunteers, agents, officials, servants, contractors, assigns, Board of Directors and representatives from and against any and all claims, actions, demands, and legal proceedings and any and all liabilities, damages, losses, judgments, authorized settlements, costs, fines, penalties and expenses, including reasonable legal fees, incurred by any or all of them as a result of, arising out of or in any way connected with my or my minor's (if any) participation in the Event, whether as a spectator, observer, participant or otherwise.

By participating in the Event, I consent to the use of my or my minor's (if any) photograph, or video footage, without compensation, in any future publicity carried out by Hamilton Health Sciences Foundation or Hamilton Health Sciences Corporation.

I WARRANT that I am or my minor is (if any) in a good physical condition and able to safely participate in the Event. I and my minor (if any) understand that participating in the Event, involves physical activity and can result in serious personal injury and death. I am and the minor (if any) is aware of and expressly assume all risks associated with participating in the Event, and I assert that my participation or the participation of the minor(s) (if any) in this Event is voluntary.

I confirm that I am fully vaccinated against COVID-19 and will wear a mask while volunteering at this event.

I agree that in the event that any portion of this Release, Waiver and Indemnity is held to be invalid by any court, the invalidity of such portion shall not otherwise affect the remaining Release, Waiver and Indemnity, which shall otherwise continue to be binding and enforceable in all respects.

The provisions of this Release, Waiver and Indemnity shall ensure to the benefit of and be binding on the parties hereto and their respective successors, administrators, executors, heirs and permitted assigns.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I READ, UNDERSTOOD, AND AGREE TO THE ABOVE RELEASE, WAIVER AND INDEMNITY.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date