

Bonnell Foundation Hand in Hand Mentoring Program
Volunteer Agreement

I, _____, agree with the following:

_____ I have read, understand, and promise to maintain the Bonnell Foundation Code of Ethics (next page).

_____ I understand that I may encounter sensitive, private, personal, or medical information while participating in the Bonnell Foundation Hand in Hand Mentoring Program. I understand that I will keep all information in the strictest of confidence regarding the person/persons I am mentoring/being mentored by, the Bonnell Foundation and all people associated with the Bonnell Foundation.

_____ I agree to not offer any medical advice. Rather I will recommend that all medical questions be referred to the person's primary care/CF physicians.

_____ I agree that I am acting as a volunteer for the Bonnell Foundation and so I am always representing the Bonnell Foundation. I agree to behave and interact holding to the Bonnell Foundations highest standards of privacy, confidentiality, respect, and compassion.

_____ The Bonnell Foundation will not be held responsible if the Code of Ethics are not followed.

Signed _____ Date _____

Witness _____ Date _____

Send the signed form to: The Bonnell Foundation, PO Box 1215, Royal Oak, MI, 48068 or thebonnellfoundation@gmail.com

Bonnell Foundation Code of Ethics

- Act with integrity, competence, dignity, compassion and in an ethical manner when dealing with fellow employees, volunteers, and those that are served by the Bonnell Foundation.
- Practice and encourage privacy and confidentiality of all those I encounter while representing the Bonnell Foundation.
- Respect and treat each person with utmost dignity regardless of their medical condition, gender, race, religion, or sexual orientation.