



The Centers for Law & the Public's Health:
A Collaborative at Johns Hopkins and Georgetown Universities

CDC Collaborating Center for Public Health Legal Preparedness
WHO/PAHO Collaborating Center on Public Health Law and Human Rights

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Legal and Regulatory Issues Concerning
Volunteer Health Professionals in Emergencies

VOLUNTEER AGREEMENT

I, _____, offer to serve as a volunteer to participate in the
_____, and hereafter deployed under _____,
Name of Registration System *State Agency Administering the Program*

to provide emergency medical care, public health services, or other service as needed.

My services will be those of a _____.
Occupation

In making this offer of my services, I understand and agree to:

1. Perform my volunteer services and activities under the terms, conditions, and general direction of the sponsoring government entity or health care organization, and approved or supervised by an appropriate public official.
2. Be subject to the _____ regulations
State Agency Administering Program
concerning Standards of Conduct and Conflict of Interest. Copies of the regulations are available from the state agency's program coordinator.
3. Be eligible under the _____ Workers' Compensation Act,
State Name
_____, to file for benefits for work related injuries and/or illnesses that may

Citation

arise and are directly related to the performance of my volunteer assignment.

4. Be eligible for coverage under the _____, *Applicable Immunity Statute* for any damages or injuries that may arise from the performance of my volunteer assignment.
5. Be responsible for any actions that are not directly related to the performance of my volunteer assignment.
6. Maintain current health professional licensure, certification or registration, as applicable.
7. Notify the system coordinator of any changes in personal contact information or licensure, certification, or registration status within 72 hours of the change.
8. Provide the necessary health and identification information as required for my participation in the response, which may be disclosed by the _____ *State Agency* _____ to other localities, regions or states as necessary for the *Administering Program* administration of the program.
9. Abide by the policies and procedures set forth in the Volunteer Manual and those set forth by the state agency administering the response.

I understand that my volunteer assignment may be terminated at any time by either party to this agreement.

Signature of Volunteer

Date

Signature of System Coordinator

Date