

Rock Hill Piedmont Community COVID-19 Vaccination Clinic Volunteer Information Sheet

Last Name	
First Name	
Street Address	
City, State, Zip Code	
Phone Number (cell phone for notification of schedule reminders or changes)	
Email Address	
Organization Represented (Employer, Red Cross, School, etc.)	
Are you 18+ years of age?	

Do your hours need to be reported to your employer or school?

Yes	No
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IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	
Relationship	
Home Phone	
Work/Mobile Phone	

Have you volunteered in a health care setting before?

Yes	No
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As a Volunteer, I ...

- Agree to attend the volunteer orientation session on each day I volunteer and train until I am competent to perform the required duties.
- Agree to conform to all rules and regulations of the Rock Hill Piedmont Community Vaccination Clinic.
- Understand that I may be dismissed from my duties for violation of privacy rules, willful wrongdoing or negligence.
- Agree to communicate to the volunteer coordinator and email

VaccinationClinic@cityofrockhill.com as soon as possible when I have scheduling changes.

Note: It is recommended that all volunteers have current vaccines, including: TDAP, Varicella, MMR, and Polio. Also recommended is a flu shot this season.

CONFIDENTIALITY: All medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

No photos may be taken inside the Rock Hill Piedmont Community Vaccination Clinic to comply with HIPAA guidelines.

Vaccination of volunteers is not guaranteed and is based on vaccine availability. If you are able to receive a vaccine after the completion of your volunteer shift, it is due to the SCDHEC phase 1a guidelines allowing for the vaccination of mission-critical employees who maintain the operations of COVID-19 vaccinations and testing in SC.

If you receive the vaccine, please use discretion when sharing your vaccination status or your ability to receive a vaccine as a volunteer. If shared on social media, volunteer eligibility may not be widely understood by viewers who feel they should be moved ahead in DHEC's priority list.

I, _____, acknowledge and have read the statements above and agree to abide by the expectations set forth.

Signature	
Date	