

# DODOMA CHRISTIAN MEDICAL CENTRE

## VOLUNTEER PROGRAM AGREEMENT

This Agreement is made by and between The Dodoma Christian Medical Centre, Trust ("DCMC"), operating a nonprofit medical center located in Dodoma, Tanzania, and \_\_\_\_\_ ("volunteer").

### DESCRIPTION OF VOLUNTEER SERVICE

Anticipated Period of Service: \_\_\_\_\_

Anticipated Scope of Service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERFORMANCE OF SERVICES

The volunteer will perform such services, and only such services, as may be determined by the Director or his delegate, and shall perform such services consistent with applicable agreements.

### CODE OF CONDUCT

The volunteer agrees to comply with the following code of conduct while in Tanzania:

The purpose of the following Code of Conduct is to ensure that the conduct of individuals serving as volunteers reflects favorably on DCMC, ensures a positive and safe work and living environment for all workers, volunteers, patients and their families, and is not offensive to local cultural norms. All volunteers are expected to abide by this Code of Conduct. Although it is understood that volunteer service may be terminated at any time by DCMC for any reasons within its own discretion, notice is given that violation of the Code of Conduct will likely result in early termination of volunteer service at the sole expense of the volunteer.

**Statements:** Volunteers need to be sensitive to the fact that no statements should be made that could be interpreted as negative, condescending, or politically slanted. Tanzania has its own set of sensitive political and social issues in which volunteers must avoid becoming embroiled or to appear to speak on behalf of DCMC.

**Illegal Drugs:** DCMC is a drug-free organization and has a zero tolerance policy for the use or possession of illegal drugs.

**Alcoholic Beverages:** Use of alcoholic beverages is prohibited in and on all DCMC facilities and grounds, other than guest quarters. Public intoxication reflects adversely on the reputation and effectiveness of DCMC and is therefore prohibited.

**Smoking:** DCMC does not allow smoking anywhere on its premises or guest facilities.

**Dress Code:** Volunteers are expected to choose attire that is appropriate in light of cultural expectations and standards in the Dodoma community.

**Sexual Immorality/Harassment:** DCMC enforces a zero-tolerance policies regarding (i) sexual harassment (both verbal and physical) on its grounds and in all facilities, (ii) sexual relationships of any kind between volunteers and patients or their family members, and (iii) cohabitation of members of the opposite sex that are not married. In addition, pornography will not be tolerated in any form, including inappropriate use of the internet.

**Other Offenses Which May Lead To Termination Of Volunteer Service:**

- Unauthorized use of or damage to DCMC vehicles and other property, finances, telephones, or other communication equipment
- Theft or dishonesty
- Violation of safety rules or common safety practices
- Misuse of confidential information
- Fighting or attempting bodily harm or injury.

**GENERAL RELEASE OF LIABILITY**

I, \_\_\_\_\_, being of lawful age to make this release, do hereby acknowledge that I am aware of the potential risks, hazards and dangers to which I will be exposed in the course of the activities I will be performing on behalf of the Dodoma Christian Medical Centre, Trust (referred to as "DCMC"), including transportation to and from the Dodoma Christian Medical Centre, Trust, Dodoma, Tanzania (referred to as the "volunteer service").

I further acknowledge that I have volunteered to work with DCMC having knowledge of the potential risks and dangerous conditions involved in this volunteer service and that I further agree to assume full and complete responsibility for any and all risks involved in the volunteer service, including but not limited to, any harm, accident, injury or death which may arise by reason of the following: diseases, attack, act of terrorism, illness, accident, war of internal strife, war, famine, hurricane, flood or other act of God.

For and in consideration of being allowed by DCMC to participate as a volunteer and other good and valuable consideration, the receipt of which is hereby acknowledged, I have released and discharged, and by these presents do for myself, my heirs, personal representatives, executors, administrators and assigns, unconditionally release, acquit and forever discharge DCMC, Dodoma Tanzania Health Development Inc., any successor, resulting or surviving corporation, their officers, directors, trustees, agents, employees and other volunteers (collectively, the "Releasees") of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses, compensations, third party actions, suits in law or in equity, including claims or suits for contribution and/or indemnity (including suits or other actions brought in a foreign jurisdiction), of whatever nature, and all consequential damage on account of, or in any way growing out of the volunteer service and including but not limited to any accident, incident or illness that may occur during the volunteer service. It is my intention that this be a complete and total release of the Releasees, without any reservation of any rights, related to the volunteer service.

I further acknowledge and agree that I, as a volunteer, will serve as an independent contractor and not an employee of DCMC, and I do not have authority to enter into any contracts or agreements on behalf of DCMC or to bind it in any way. Nothing in this document or in the relationship between the parties shall be construed to create any other type of relationship between the parties. I am not eligible for coverage under any of DCMC's insurance or employee benefit plans.

I further understand that during my volunteer service photographs or videos may be taken that include me. I give DCMC and Dodoma Tanzania Health Development Inc. permission to use such photographs and videos for promotion, media and fundraising efforts.

**ENTIRE AGREEMENT**

This Agreement together with the Volunteer Service Program Description and Application, read together, constitutes the entire agreement between the undersigned parties, superseding any prior oral or written agreements.

**ACKNOWLEDGEMENT AND AGREEMENT:**

I have carefully read this Agreement in its entirety, including all provisions relating to Description of Volunteer Service, Code of Conduct, General Release of Liability, and I have had an opportunity to ask and have answered any questions that I may have and I understand the contents of this Agreement.

\_\_\_\_\_  
**Name of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**DCMC Director**

\_\_\_\_\_  
**Date**

**CHECKLIST:**

I have provided to DCMC each of the following:

- This Agreement signed by me.
- Proof of health insurance and evacuation insurance coverage during period of service.
- A physical examination form, signed by my physician, made within the last 6 months.
- Emergency contact information and evidence of vaccinations.
- Two letters of reference, including one from an associate in my profession or professional colleague.
- A current letter from the chief of staff documenting my medical and surgical privileges (for physician volunteers).
- Copies of air ticket and arrangements for ground transportation.