

**2017 Camp Brave Heart**  
**March 31 – April 2, 2017**  
**Volunteer Information**

Thank you for your interest in becoming a Camp Brave Heart volunteer! Here is some basic information that outlines the commitment details.

**GENERAL INFORMATION:**

- All camp volunteers must be at least 18 years old.
- We are required to complete a national criminal background screening on all camp staff and volunteers. In order to complete this, we ask you for your social security number, race, maiden name, and date of birth. **You will also be required to be fingerprinted as part of your background screening prior to being able to volunteer at Camp Brave Heart. If you were previously fingerprinted for Camp Brave Heart, we will contact you directly if you need to be fingerprinted again. Due to regulatory issues, most of our volunteers will need to be fingerprinted every year.**
- The camp is held at Circle F Dude Ranch off of Hwy 60 in Lake Wales. You can find out more about Circle F by going to their website:  
[www.circle-f-duderanch.com](http://www.circle-f-duderanch.com)  
Travel time to Circle F is approximately 45 minutes from Auburndale, and 45 minutes from Sebring. Unless you are traveling on the bus with the campers, you will provide your own transportation to camp.
- Some volunteers will be sleeping in the cabin with the campers of same gender. You will receive your cabin assignment at orientation. If you are not sleeping in the cabin with the campers, you will be given other accommodations to share with other adult volunteers/staff.
- We support family members, significant others and friends volunteering at camp together, but please stay focused on the primary goal of supporting the children.
- The most important requirement for being a camp volunteer is unconditional support to the campers! Remember that grieving children do not always have the best behavior, and challenges do pop up from time to time but most can be handled with a little love and acceptance! Our staff will provide sound and safe guidance every step of the way.

## **VOLUNTEER ROLES:**

1. **Cabin Volunteers**: you must be available to stay at camp for the entire weekend. This helps to promote a sense of security for the children and fosters a setting in which they are comfortable sharing personal information with the group. As a cabin volunteer, you will be one of 4-5 adults who are with the same group of approximately 10 children for the weekend. You will participate in all the activities with your cabin, such as swimming, canoeing, hayrides and more. Each volunteer will have a break time.
  2. **Support Volunteers**: these are specialty volunteers who are not assigned to a cabin with children but are equally important to the success of camp. Please see the camp application for specific roles that are needed and let us know on the application if you will be spending the weekend or will attend during the day time only.
  3. **Greeters (Registration/Check-in)**: assist from the Auburndale Fire Station or Sebring office on Friday, 3/31 before camp, and/or on Sunday, 4/2, as the campers arrive back at the conclusion of camp. Duties include greeting camper, parents, camper check-in, labeling luggage, loading/unloading children on/off the bus, and helping maintain order throughout the process!
- Because our volunteer capacity is limited, we will be screening and selecting the staff and volunteers based on several criteria to ensure that we have the best, most committed individuals in the most appropriate roles.  
Selection criteria are based on the following:
    - Previous volunteer experience at Camp Brave Heart and/or the Bethany Center.
    - Experience with children (the more the better!)
    - Special talents and other experience you may have
    - Experience with grief and bereavement
    - Willingness to participate in Support Volunteer roles, including riding the bus to/from camp with the children and sleeping in the cabin with your assigned group of children.
  - If we are unable to accommodate you for a cabin volunteer role, please consider taking a “support” role as this is equally important to making sure camp is a success for the kids.

### **APPLICATIONS ARE DUE BY MARCH 10, 2017!**

After March 10, we may not have adequate time to process your application due to background screening requirements!

Do not hesitate to call us at 863-968-1707 or email [sandersa@chaptershealth.org](mailto:sandersa@chaptershealth.org) if you have any questions or suggestions!

Thank you!



**GOOD SHEPHERD**  
H O S P I C E

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## Camp Brave Heart 2017 Volunteer Application

Full Legal Name: \_\_\_\_\_  
FIRST MIDDLE LAST PREFERRED NAME

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail\*: \_\_\_\_\_

**\*Our preferred method of contact is email for reminders & updates.**

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

T-Shirt Size (Male Adult Sizes): S M L XL XXL

If this is your first time at camp, how did you hear about this opportunity?

\_\_\_\_\_

Previous number of years at Camp Brave Heart: \_\_\_\_\_

Do you know any children who may be attending camp this year? Yes No

If yes, please explain relation to the potential camper: \_\_\_\_\_

\_\_\_\_\_

Did you have a loss/death within the past year? Yes No

If yes, do you feel that you are emotionally ready to attend camp? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any health concerns: \_\_\_\_\_

\_\_\_\_\_

(If none, write none)

## Background Screening Information:

Driver's License #\* \_\_\_\_\_ State License Was Issued: \_\_\_\_\_

**\*Please attach a legible photocopy of your driver's license\***

Maiden Name: \_\_\_\_\_

Other names you have used in past 7 years \_\_\_\_\_

Your affiliation with Good Shepherd Hospice (check those that apply):

- GSH/LPH/HPH Chapters Health Staff     First Time Volunteer  
 Current GSH Volunteer                       Grief Center Volunteer  
 Camp Brave Heart Volunteer Alumni     Camp Circle of Love Volunteer  
 Previous Camper @ Camp Brave Heart (Year: \_\_\_\_\_)

## Volunteer Interest: (check area of interest)

*(Every attempt will be made to assign you to your preference; however, we must consider the needs of the children as priority)*

### Cabin Volunteer Roles:

- Cabin Leader - (Cabin Leaders are GSH social workers, counselors, others as approved with Grief Center training). **Must be available all weekend**  
 Cabin Volunteer - (assists Cabin Leaders in all activities); **Must be available all weekend**

### **Please indicate your preference:**

Gender:     Boys     Girls     No preference  
Age Group:     Younger age group     Older age group     No preference

- Willing to sleep in cabin with children

### Support Volunteer Roles (please check all that apply):

- Land Sports (Saturday 8am – 5pm.)  
 Waterfront Activities – canoeing and swimming (Saturday 8am – 5pm);  
Please indicate if you are a Red Cross Certified Lifeguard (  Yes  No )  
 Arts and Crafts (Saturday 8am – 5pm)  
 Camp Photographer (must be available all weekend & have digital camera)  
 Puppet Show – character puppeteer (must be available Fri. night for rehearsal and Sat. for performances)  
 Pet Therapy (if you have a certified therapy pet)  
 GSH Clown (Saturday)  
 Behind the scenes assistance: set-up, maintain water stations, s'mores on Friday night, fire side supervision, running errands, dining room clean-up, Memorial Service on Saturday night and other duties as needed.  
 Greeter (camper registration/send-off and welcome back).  
                     Auburndale Fire station                       Sebring Sun Room  
 No Preference  
 Other: \_\_\_\_\_

**Support volunteers - indicate your preference for accommodations:**

- I would like to participate all weekend:
  - and would like to sleep at camp.
  - and do not require sleeping arrangements.
- I will only be available for Saturday (4/1).

**In addition to the above, I would also be able to:**

- Assist with transportation of the children (ride the buses) to and from camp. If yes, choose:
  - Auburndale Bus
  - Sebring Bus

Please describe your qualifications for and/or experience in working with children:

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Please describe any special talents or skills that you may have which may benefit the camp:

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**I will attend orientation on:**

- Monday, March 13**, 5:30 PM at the Bethany Center, 105 Arneson Ave., Auburndale (dinner provided) **Cabin Leaders Only**
- Tuesday, March 14**, 6-8 PM at Good Shepherd Hospice, 105 Arneson Ave., Auburndale (dinner provided). **Please come in the main entrance**
- Thursday, March 16**, 12-2 PM at Good Shepherd Hospice, 105 Arneson Ave., Auburndale (lunch provided)
- Monday, March 20**, 6-8 PM at the Sun Room, 3003 Herring Ave., Sebring (dinner provided)

**Please return this completed application by March 10, 2017 to:**

**Attn: Angel Sanders  
Good Shepherd Hospice  
105 Arneson Avenue  
Auburndale, FL 33823  
Or Fax: (863) 968-1740**

## Volunteer Application Checklist

Please ensure that you have completed all of the required documents prior to submitting your application. This will help ensure that your application can be processed in a timely manner. Contact Angel Sanders at (863) 968-1739 if you have any questions or need further clarification.

- Completed Volunteer Application**
- Consent to Request Information (signed and dated)**
- Consent & Release of Liability – Circle F (signed and dated)**
- Confidentiality and Security Agreement (signed, name printed and dated)**
- Responsibility Statement/Acknowledgement of Receipt of the Code of Conduct (signed, dated, name printed and position: Volunteer)**
- Media Consent (signed and dated)**
- AHCA Affidavit (signed and dated)**
- AHCA Privacy Policy Acknowledgement Form (signed and dated)**
- Legible photocopy of Driver's License or Identification card**

### Important Dates to Remember:

- |                     |  |
|---------------------|--|
| March 10:           | Applications are due                                 |
| March 13:           | Cabin Leader Orientation – <b>Cabin Leaders Only</b> |
| March 14:           | Camp Orientation – Auburndale (evening)              |
| March 16:           | Camp Orientation – Bethany Center (daytime)          |
| March 20:           | Camp Orientation – Sebring/Sun Room                  |
| March 31 – April 2: | Camp Brave Heart                                     |



# GOOD SHEPHERD H O S P I C E

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Dear Volunteer,

This is a standard form required to release related information to us. We perform this check as part of our application process for all potential employees and volunteers. Thank you for your cooperation.

## Consent to Request Information

I understand that Good Shepherd Hospice will utilize the services of a consumer reporting agency to obtain information through investigation.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my references, driving record, character, general reputation, personal characteristics, Office of the Inspector General, civil and criminal background.

I also understand that before Good Shepherd Hospice takes any action based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. Such adverse action includes but is not limited to denial of volunteer status with Good Shepherd Hospice and including discharge from volunteer duties.

I understand if I disagree with the accuracy of any information in the report, I must notify Good Shepherd Hospice within two (2) days of my receipt of the report. If I notify Good Shepherd Hospice within two (2) days of the receipt of the report that I am challenging information in the report, Good Shepherd Hospice will not make a final decision on my volunteer status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Good Shepherd Hospice to procure a report on my background as stated above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**IMPORTANT-PLEASE TAKE TIME TO READ & SIGN THIS FORM**

**CIRCLE F DUDE RANCH CAMP LLC**

**INFORMED CONSENT/LIABILITY RELEASE FORM**

**Volunteer/Staff:** I am aware and understand that some of the activities at Circle F Dude Ranch Camp LLC involve potential risk of physical injury and I understand that the programs are physically demanding and present inherent risks and danger of unanticipated physical injury and/or emotional distress. These activities include, but are not limited to: rock climbing and zip lines; swimming; horseback riding; paintball; off-property excursion; waterfront activities (blob, banana boat, summit, sailing, canoeing, etc); wilderness programs; skate park; evening programs; horsemanship; general sports (tennis, softball, volleyball, soccer, archery, cheerleading, tumbling, dancing, etc.). In addition, it is understood that any and all photos, videos and/or other likenesses of your child taken by Circle F staff may be used in their brochure, website and other promotional materials. I concur with the entire following paragraph which is directed to my child and give permission for him/her to participate in all activities at Circle F unless otherwise indicated in writing.

**Volunteer/Staff:** I agree and hereby state that I am solely responsible for my own participation and for my own personal and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I further state that in choosing to participate, I am not under the influence of any chemical substance including alcohol.

**Volunteer/Staff:** We willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Circle F Dude Ranch Camp LLC, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should Circle F Dude Ranch Camp LLC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Circle F Dude Ranch Camp LLC harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of Circle F Dude Ranch Camp LLC, its employees, its instructors, facilitators and agents. I have had sufficient opportunity to read this entire document as well as the brochure and understand its contents. I further agree to be bound by its terms.

Date: \_\_\_\_\_

\_\_\_\_\_  
Volunteer/Staff Name:      Signature

\_\_\_\_\_  
Volunteer/Staff Name:      Print

Contact Email Address: \_\_\_\_\_

**EMAIL ADDRESSES WILL NOT BE SHARED WITH ANY INDIVIDUAL(S)/ORGANIZATION(S).**





CHAPTERS  
HEALTH SYSTEM<sup>SM</sup>

## Confidentiality and Security Agreement

I understand that Chapters Health System, Inc. (together with its affiliates, the "Company") and its employees and agents have a legal and ethical responsibility to protect the confidentiality of patient information. Additionally, the Company must assure the security and confidentiality of other confidential and/or proprietary information of the Company, including, without limitation, information relating to human resources, payroll, fiscal policies and goals, business operations, research, internal reporting, strategic plans, computer systems and other communications information technology, vendors, donors and trade secrets (such patient information and other confidential and/or proprietary information being referred to as "**Confidential Information**").

As an employee/volunteer/contractor/student at the Company I understand I may have access to or possess Confidential Information. I will access and use Confidential Information only when it is necessary to perform as requested or authorized by the Company in accordance with policies and procedures of the Company that are available on the Company's intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization to access, possess and use Confidential Information.

1. I will not disclose or discuss any Confidential Information with others who do not have a need to know it, including friends and family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any Confidential Information, except as expressly authorized in advance by the company.
3. I will avoid discussing Confidential Information where others can overhear the conversation. I acknowledge that it is not acceptable to discuss Confidential Information even if the patient's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications or purges of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my association with the Company.
6. Upon such termination, I will immediately return any Company issued equipment, documents or media containing Confidential Information to my manager or to Human Resources.
7. I understand that I have no right to any ownership interest in any information provided to me or accessed or created by me during my association with the Company, except as authorized by the Company in writing.
8. I will act in the best interest of the Company and in accordance with its Code of Conduct.
9. I understand that violation of this Agreement may result in disciplinary or other remedial action, including termination of the relationship with the Company.
10. I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using the Company's information systems. The Company may log, access, audit and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up data storage devices and portable devices when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
13. I will practice secure electronic communications by transmitting Confidential Information only to authorized persons or entities in accordance with approved security procedures.
14. I will safeguard the privacy of Confidential Information that is transported in my automobile or other vehicle.
15. I will use only my officially assigned user-ID and password, use only approved licensed software, and use a device with virus protection software.
16. I will not share or disclose user-IDs or passwords, use tools or techniques to break or exploit security measures, or connect to unauthorized networks through the systems or devices.
17. I will notify my manager immediately if my password has been seen, disclosed or otherwise compromised. If unable to reach manager immediately, I will notify the Helpdesk to inactivate my password
18. I will report immediately to my manager or the Company's Privacy or Security Officer any disclosure of Confidential Information in violation of this Agreement or any other incident that could have any adverse impact on Confidential Information.

**By electronically "Marking as Read" or signing below**, I acknowledge that I have read this Agreement, understand it and sign it of my own free will.

Signature	Printed Name	Date
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## Chapters Health System

### Code of Conduct

This Code of Conduct (the “Code”) provides a framework to guide us in meeting our obligations as employees and volunteers of Chapters Health System, Inc., and its current and future affiliates (collectively referred to in this Code as the “Company” or “Chapters Health System”). These obligations apply to our relationships with patients, physicians, other health care providers, third-party payers, vendors and one another.

This Code is an essential component of the Chapters Health System Corporate Compliance Program. It was developed to assure all employees and volunteers that Chapters Health System is dedicated to conducting business with honesty and integrity. We strive to maintain high ethical standards and comply with our policies and procedures, applicable laws and regulations, as well as applicable standards of professional and accreditation organizations.

This Code is intended to be a summary statement that is easily understandable. Because most of the subjects highlighted here are complex, it is necessary that Chapters Health System’s policies and procedures, protocols, Corporate Compliance Program and other relevant practice guidelines also be reviewed.

Although autonomy is generally promoted at Chapters Health System, compliance with this Code by all employees and volunteers is mandatory. Contractors are also required to follow this Code.

This Code is intended to clarify the Company's rights and expectations as an employer, but does not in any way create any contractual employment rights for employees of Chapters Health System. Employment by Chapters Health System is employment at will. This means that you have the right to terminate your employment at any time and for any reason, and Chapters Health System may exercise the same right, subject to applicable law or existing contract rights.

#### ***Mission and Core Values***

The mission of Chapters Health System is to provide support and care for people in our community with or affected by advanced illness by offering a wide variety of compassionate healthcare choices.

The core values that we regard as essential to our achieving this mission include the following:

- \* Patients and families come first
- \* Honesty and integrity
- \* Work together to meet common goals
- \* Find new and better ways to care for our communities
- \* Stewards of all our resources

#### ***Our Commitments to Patients and Families***

We are committed to provide quality health care services that meet the needs of our patients and their families. We do not discriminate in the delivery of care or services based on race, color, religion, national origin, disability, sexual orientation or for hospice patients, the ability to pay.

We recognize and support the rights of our patients, including, without limitation: the right to receive effective pain management and symptom control for conditions related to their terminal, advanced or chronic illness; the right to participate in their own care, including the right to be involved in developing their own plan of care; the right to choose their own attending physician; the right to have a confidential clinical record and the right to access or release their patient

information in accordance with the requirements of applicable law; the right to formulate advance directives; the right to accept or reject treatment; the right to be free from mistreatment, neglect, or verbal mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of their property; the right to receive information about the services covered by Medicare or Medicaid; and, the right to receive information about the scope of services that we provide and specific limitations, if any, on those services. Patients and their families or caregivers have the right to voice their concerns or complaints and receive prompt and reasonable resolution of them. We believe that each patient is entitled to dignity, autonomy, courtesy, privacy and respect and that all of our patients and their families and caregivers are entitled to be informed about the care and services that we provide, as well as the outcomes that we expect.

### ***Honesty and Integrity***

#### ***Community Physicians and Other Health Care Providers***

We value our relationships with community physicians and other health care providers. We collaborate with community physicians to enhance the care of our patients. All referred patients, who are appropriate for service, are accepted into our programs based on their clinical needs and our ability to provide the needed care. We do not provide incentives to community physicians, other health care providers or anyone else in exchange for referrals. Violation of this policy may have grave consequences for the Company and any individuals involved.

#### ***Financial Practices***

Our financial documents must be accurate and complete. We must follow all applicable legal requirements, established financial standards and generally accepted accounting practices in preparing financial records. If we discover that the accuracy or reliability of our financial information is unclear or doubtful, we will make appropriate corrections or clarifications.

Clinical documentation must accurately represent the care and services provided, and billing must be based on this documentation.

#### ***Compliance with Laws and Practice Standards***

We must comply with all laws and regulations applicable to each Chapters Health System entity, the care and services we provide, and the practice of our profession. In addition, we must adhere to the standards of any body from which Chapters Health System seeks accreditation, such as The Joint Commission. We must also meet the standards of practice for our respective health care professions.

#### ***Conflict of Interest***

A conflict of interest occurs in a situation where the individual's regard for his or her own private interests might tend to cause, or might tend to appear to cause, the individual to disregard Chapters Health System's interests and such individual's duties as an employee or volunteer of Chapters Health System. Participation by an employee or volunteer in any activity that conflicts with his or her responsibilities as an employee or volunteer of Chapters Health System is not acceptable. If there is any question about whether an outside activity might constitute a conflict of interest, the employee or volunteer must obtain the approval of his or her supervisor before engaging in the activity.

The Boards of Directors of Chapters Health System has adopted a conflict of interest policy that is applicable to officers, directors and key management personnel of each Chapters Health System entity. If an employee or volunteer becomes aware that an officer, director or member of management has or appears to have a conflict of interest, he or she should report the conflict of interest or apparent conflict of interest to the President/CEO or Chief Compliance and Clinical Officer of Chapters Health System.

### ***Accuracy, Retention and Disposal of Documents and Records***

We are responsible for the integrity and accuracy of our organization's documents and records. We must not falsify information that we place in any record or document. We may make changes to records and documents only in accordance with the law and our policies.

Our medical records and business documents, whether on paper, in electronic form or in any other medium, must be retained in accordance with the law and our record retention policies. Destruction of documents or records must be in accordance with the law and our record destruction policies.

### ***Confidential Information***

We do not violate the privacy rights of our patients. We collect information about a patient's medical condition, finances and family history in order to provide quality care and services. Consistent with the Health Insurance Portability and Accountability Act ("HIPAA") and applicable federal and state law and regulations, we do not use or disclose to others protected health information of any patient unless it is necessary to treat the patient, bill for our services, conduct health care operations or comply with the law or appropriate judicial order or subpoena.

### ***Research***

We follow high ethical standards in any research conducted by our physicians and professional staff. Patients must be fully informed of potential risks prior to their participation in any research activity. Patients have the right to refuse to participate without any concerns about consequences to their care.

### ***Marketing Practices***

All communications designed to market our services will represent Chapters Health System fairly and accurately. Marketing and advertising informs the community of the availability and benefits of our care and services, and provides educational information about palliative care and end-of-life issues. It may also inform the public about Chapters Health System's perspectives on health care policy issues. We will present only accurate, non-deceptive information in all marketing materials, advertisements and announcements.

## ***Workplace Conduct and Employment Practices***

### ***Leadership Responsibilities***

Chapters Health System's leaders must be role models and must create a work environment that promotes high ethical practices and compliance with the organization's policies and this Code. Moreover, our leaders must never violate, and must never permit nor condone any violation of any applicable law or regulation or any of our policies or ethical practices in order to achieve business objectives.

### ***Substance Abuse***

To protect the interests of our employees, volunteers and patients, we are committed to an environment free of alcohol and illegal drugs. All employees must be free of the influence of alcohol and illegal drugs at the workplace.

Some of our employees routinely have access to prescription and controlled substances. These substances are controlled by federal and state laws and regulations and must be handled in accordance with such laws and only by authorized individuals.

### ***Diversity, Equal Employment Opportunity and Workplace Ethics***

We are committed to a work environment that promotes fairness, respect, individual dignity and professional growth. We support teamwork and interdisciplinary care. We disapprove of workplace gossip and other unprofessional or unethical actions that detract from our reputation for integrity and a solid commitment to excellence.

It is a right of all Chapters Health System employees to be treated fairly and with respect. Disruptive or inappropriate behavior such as bullying, intimidation, and/or making threats directed at Chapters Health System employees or volunteers, whether by peers, supervisors, or perceived “higher level” individuals, in order to coerce them to do or not do something is not tolerated. An employee or volunteer who experiences any of these behaviors should immediately report it to the appropriate management employee. The issue will be escalated to the level of department management, Compliance or Human Resources as is necessary for resolution.

Our employees and volunteers demonstrate a wide array of talents that contribute to our success. We do not engage in illegal discrimination against or harassment of any employee or volunteer on the basis of race, color, religion, gender, national origin, age, physical or mental disability, marital status, sexual orientation, veteran status or any other characteristic protected by law. We will make reasonable accommodations for employees and volunteers with known disabilities.

### ***Sexual Abuse and Sexual Harassment***

Chapters Health System has zero-tolerance for any sexual abuse in the workplace. Sexual abuse is sexual contact of a criminal nature or inappropriate sexual interaction for gratification of the abuser.

Any form of sexual harassment is strictly prohibited. Sexual harassment includes unwelcome sexual advances, requests for sexual favors and other offensive verbal or physical conduct of a sexual nature, especially where such conduct creates an unfavorable work environment or where submission to or rejection of such conduct serves as the basis of employment decisions.

### ***Health and Safety/Risk***

All of Chapters Health System’s sites must comply with the requirements of applicable laws, regulations, standards and policies pertaining to workplace health and safety. We must understand how these requirements apply to our specific job responsibilities and seek advice from an appropriate manager or our Employee Health and/or Safety/Risk Nurse if any question arises. We must immediately report to the appropriate manager any workplace injury or dangerous situation.

We must utilize appropriate methods to safely and lawfully handle and dispose of chemotherapeutic, hazardous and biomedical wastes.

Workplace violence directed at Chapters Health System or any of its employees or volunteers is prohibited. Firearms, other weapons, explosive devices and other dangerous materials may not be brought into our workplace. Any employee or volunteer who observes or experiences any form of workplace violence, or who observes or hears about a firearm or other weapon in the workplace, must report the incident immediately to a member of senior management.

### ***Communication Systems, Computers and Other Property of Chapters Health System***

All communications systems, including, but not limited to, computers, tablets, personal digital assistants (PDAs), smartphones, mobile phones, flash drives, wireless network cards, facsimile machines and telephones, as well as intranet and internet access, provided to us as employees or volunteers of Chapters Health System, together with the electronic mail, voice mail and text messages created or received by us as employees or volunteers of Chapters Health System, are the property of Chapters Health System and are to be used primarily for business purposes.

We should assume that all communications made by means of any of these devices or systems are not private.

Other items of Chapters Health System’s property, including, but not limited to, supplies, documents and records, are made available to employees and volunteers for the authorized business of the organization and should not be used for personal reasons.

We must use Chapters Health System’s electronic resources responsibly and in compliance with applicable laws, regulations, policies and license agreements. Patient information and other confidential information must be sent or otherwise communicated only in compliance with our

policies. We may not use personal computers or other personal electronic devices to store a patient's personal health information, except in compliance with our policies.

We must properly care for Chapters Health System's property. We must not remove any of Chapters Health System's property from the organization's premises, except as necessary to perform our job and in compliance with Chapters Health System's policies. We must return the property as soon as it is no longer needed for business purposes.

### ***Reporting Violations of this Code of Conduct***

#### ***Personal Obligation to Report***

Each and every employee, volunteer and contractor has a responsibility to report any act or failure to act that violates or appears to violate this Code or federal or state statutes or regulations.

We operate in an environment of complex, ever-changing laws, regulations, accrediting standards and organizational policies. We recognize that this situation may create uncertainty for employees and volunteers as they perform their duties on behalf of Chapters Health System. Concerns and questions about how to correctly handle situations frequently arise.

Employees, volunteers and any contractors should make themselves aware of policies regarding detection and prevention of fraud and abuse. Employees and volunteers may find these policies and procedures on the electronic policy and procedure system, and contractors may review them on CHS' website at [www.chaptershealth.org](http://www.chaptershealth.org) or request them from the Compliance Department.

The ways in which an employee or volunteer can raise questions or meet his or her obligation to report actual or potential violations of this Code of Conduct appear below:

- ▶ The question or issue should be discussed with the employee's or volunteer's manager or supervisor.
- ▶ If a discussion with the manager or supervisor is likely to be uncomfortable, the question or issue should be discussed with an appropriate organizational resource such as the Chief Human Resources Officer, the Chief Compliance and Clinical Officer, or another manager.
- ▶ Reports may be submitted:
  1. Online by using the electronic reporting system. Directions for submitting reports using this option can be viewed at the following link:  
<https://secure.ethicspoint.com/domain/media/en/gui/21294/index.html>
  2. Calling the telephone number shown in the box below (this can be anonymous if desired):

**Citrus, Hardee, Hernando, Highlands, Hillsborough,  
Pasco, Pinellas and Polk Counties**

**1-888-749-7343**

- ▶ There is no retaliation against an employee or volunteer for reporting actual or potential violations of the *Code of Conduct*.

#### ***Compliance Department's Follow-up to Reports***

The Chief Compliance and Clinical Officer will initiate an investigation into all matters reported. Issues will be monitored until a resolution is reached. If a violation is found, an action plan will be developed to prevent future occurrences.



**CHAPTERS**  
HEALTH® SYSTEM

GOOD SHEPHERD HOSPICE • LIFEPAATH HOSPICE  
HPH HOSPICE • HPH HOME HEALTH • PALLIATIVE CARE

**RESPONSIBILITY STATEMENT/ ACKNOWLEDGEMENT OF RECEIPT OF THE  
CODE OF CONDUCT**

1. My signature acknowledges that I have received and read the Chapters Health System Code of Conduct.
2. I agree to comply fully with the Code of Conduct, with other related policies and procedures and the Chapters Health System Corporate Compliance Plan. I understand that compliance with these standards, policies and procedures is a condition of my continued employment or association with Chapters Health System.
3. I understand that Chapters Health System, Inc. reserves the right to amend, modify and update the Code of Conduct and its principles.
4. I acknowledge that the Code of Conduct is only a statement of principles for individual and business conduct and does not, in any way, constitute an employment contract or an assurance of continued employment.
5. I understand that violations of the Code of Conduct may lead to disciplinary action up to and including termination.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_

**Department/Position:** \_\_\_\_\_



# GOOD SHEPHERD

H O S P I C E

A Chapters Health® Affiliate

Licensed Since 1984

## Media Release

Upon occasion, videotaping and photography may occur during various Camp Brave Heart activities, and this material may be used by Good Shepherd Hospice, Inc. (“GSH”) or Chapters Health System, Inc. in future marketing and publicity. In addition, the news media may wish to photograph, videotape and/or interview participants for news coverage of the Camp Brave Heart. When GSH knows of such previously scheduled media activities, GSH will inform you in advance of any details pertaining to such scheduled occasions. If you agree to being photographed, videotaped and/or interviewed, and/or agree to your child(ren) or ward(s) identified below being photographed, videotaped and/or interviewed, please mark the appropriate box and sign below:

**I hereby give permission for myself and, if applicable, my minor child(ren) or ward(s) listed below, to appear in publicity or news coverage regarding Camp Brave Heart, as described above. I hereby release and discharge GSH and Chapters Health, and each of those entities officers, directors, employees, volunteers and agents, from any and all claims and demands arising out of or in connection with the use of the videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.**

\_\_\_\_ I give FULL permission

\_\_\_\_ I DO NOT give permission

\_\_\_\_ I give permission with the following EXCEPTIONS:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# AFFIDAVIT OF COMPLIANCE WITH Background Screening Requirements

**Authority:** This form may be used by **all employees** to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 if the person has not been unemployed for more than 90 days.

***This form must be maintained in the employee's personnel file.*** If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

<b>Employee/Contractor Name:</b>
<b>Health Care Provider/ Employer Name:</b>
<b>Address of Health Care Provider:</b>

I hereby attest to meeting the requirements for employment and that I have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

**Criminal offenses found in section 435.04, F.S**

- a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (i) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (k) Section 787.01, relating to kidnapping.
- (l) Section 787.02, relating to false imprisonment.
- (m) Section 787.025, relating to luring or enticing a child.

(n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(r) Section 794.011, relating to sexual battery.

(s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(t) Section 794.05, relating to unlawful sexual activity with certain minors.

(u) Chapter 796, relating to prostitution.

(v) Section 798.02, relating to lewd and lascivious behavior.

(w) Chapter 800, relating to lewdness and indecent exposure.

(x) Section 806.01, relating to arson.

(y) Section 810.02, relating to burglary.

(z) Section 810.14, relating to voyeurism, if the offense is a felony.

(aa) Section 810.145, relating to video voyeurism, if the offense is a felony.

(bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(gg) Section 826.04, relating to incest.

(hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(jj) Former s. 827.05, relating to negligent treatment of children.

(kk) Section 827.071, relating to sexual performance by a child.

(ll) Section 843.01, relating to resisting arrest with violence.

(mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(nn) Section 843.12, relating to aiding in an escape.

(oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(pp) Chapter 847, relating to obscene literature.

(qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(rr) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(uu) Section 944.40, relating to escape.

(vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(ww) Section 944.47, relating to introduction of contraband into a correctional facility.

(xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(yy) Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

#### **Criminal offenses found in section 408.809(4), F.S**

(a) Any authorizing statutes, if the offense was a felony.

- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (g) Section 817.234, relating to false and fraudulent insurance claims.
- (h) Section 817.505, relating to patient brokering.
- (i) Section 817.568, relating to criminal use of personal identification information.
- (j) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (l) Section 831.01, relating to forgery.
- (m) Section 831.02, relating to uttering forged instruments.
- (n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (p) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: \_\_\_\_\_

Screened conducted by: \_\_\_\_\_ Date of Prior Screening: \_\_\_\_\_

- Agency for Health Care Administration
- Department of Health
- Agency for Persons with Disabilities
- Department of Children and Family Services
- Department of Financial Services

## Affidavit

Under penalty of perjury, I, \_\_\_\_\_, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

\_\_\_\_\_  
Employee/Contractor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee Name (Printed)

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Employee Signature

---

Date



## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



### *PRIVACY STATEMENT*

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).