

**OKLAHOMA DEPARTMENT OF CORRECTIONS
PALLIATIVE CARE PROGRAM**

INMATE VOLUNTEER AGREEMENT

I, _____, _____ agree to the following:
(Inmate Name) (DOC Number)

1. I will dedicate my best efforts to the DOC Palliative Care Program and to the inmate that the program serves.
2. I will notify the facility Health Services Administrator, chaplain, or designee if I am unable to fulfill my commitment to a death vigil.
3. I will notify the facility Health Services Administrator, chaplain, or designee of any changes in my housing or any disciplinary action taken against me.
4. I accept that this volunteer agreement may be terminated by the DOC Interdisciplinary Team at the team's discretion for reasons including, but not limited to, my failure to participate in required meetings, violations of posted policies, inappropriate conduct on my part, or failure to fulfill my responsibilities as a volunteer.
5. I will respect the doctor/patient relationship. I will accept without judgment healthcare decisions made by the doctor and patient.
6. I understand that I am free to withdrawal from the DOC Palliative Care Program at anytime I deem necessary.
7. I have access to and agree to abide by DOC procedures, rules and regulations for inmates.
8. I will not accept any gifts or personal property from the inmate or their family members. This includes deposits made into my account. I will not give gifts to inmates or their family members.
9. I understand that by volunteering, I will not receive any time off of my sentence.
10. I agree to protect medical and personal information about inmates and their families from disclosure. The only time I will discuss confidential material is with health services staff when necessary to provide necessary comfort and care. Failure to abide by this policy will result in expulsion from the Palliative Care Program and disciplinary action. I further understand that I am never to have access to any medical records.

I have completed the required training and understand and accept all provisions of this volunteer agreement of the DOC Palliative Care Program.

Inmate Signature: _____ Date: _____

Witness: _____ Date: _____