

The Volunteer Acknowledgement must be completed prior to duties being assigned. Please refer to Volunteer Policy Natl.HR.022 for further reference. Once completed the form should be kept on file with the Department of Volunteer Services, Human Resources or other designated department in charge of volunteer services.

**Kaiser Permanente Volunteer Acknowledgement  
(Non-Employee)**

I acknowledge that I have read the HR Volunteer Policy and confirm that as a volunteer:

1. My services to Kaiser Permanente are entirely voluntary;
2. I have not been promised nor do I expect compensation from KP for my services;
3. My services are for charitable or humanitarian objectives as well as for my personal purpose or pleasure;
4. I am not economically dependent on KP for food, shelter, clothing or pharmacy supplement benefits/services;
5. I am not currently an employee of KP; and
6. KP or I may discontinue my service as a volunteer at any time, with or without cause and without prior notice.

I have read, understand and agree with the foregoing.

\_\_\_\_\_  
**Volunteer Signature**

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