

Harmony

H.E.M. STATEMENT OF AGREEMENT FORM

Name:	
Volunteer Position:	
Date:	
<p>As a member/volunteer with Harmony Event Medicine, your role is to represent our organization and:</p> <ul style="list-style-type: none">• Become aware of and familiar with our safety, behavior and protocol standards and/or changes introduced as the Organization evolves.• Perform all your expected volunteer tasks and activities using the safety, behavior and protocol guidelines you have read and understood.• Stay accountable for the health, wellbeing and ethical conduct of this organization and its' volunteers. As a member of HEM, I have committed myself to facilitate the accomplishment of the organizations' mission.• Become confident that the desired outcome of all volunteer functions can be achieved with the standards in place.• Completely read, understand and digest all HEM safety, behavior and protocol standards.• Formally sign off acceptance of your ability to perform all your volunteer tasks and activities with the safety, behavior and protocol standards as a representative of our specialty.• Act in good faith and perform with due diligence my duties as a member/volunteer with HEM.	
<p>I have reviewed the HEM safety, behavior and protocol standards found on the HEM websites' Resources page, and agree that they are appropriate for our business model, and attest that I am able to perform all my expected volunteer tasks and activities normally or have indicated all the issues preventing me from performing my duties as defects to be reviewed and resolved:</p>	
Signature:	X

Event Medicine