

Path to Wellness
Volunteer Agreement
Technical and General Volunteers

This agreement is made as of _____ (“Effective Date”) between National Kidney Foundation of Arizona and _____ (Technical/General Volunteer) to work with screenings conducted under the Path to Wellness program through December 2015.

The parties agree as follows:

1. The National Kidney Foundation of Arizona (NKF AZ), in collaboration with the Cardio Renal Society of America (CRSA), has developed the Path to Wellness (PTW) program. The PTW program was conceived and created for identifying and educating individuals at increased risk of diabetes, cardiovascular disease and/or kidney disease and is available for use only through the auspices of PTW member organizations.
2. The Technical or General Volunteer agrees to implement the PTW program according to the procedures provided by PTW member organizations.
3. The Technical Skills or General Volunteer must work directly with PTW staff in regards to the planning and implementation of any local PTW screening.
4. The PTW program and PTW materials are owned by PTW member organizations and no part of the PTW Program Manual or materials may be duplicated, distributed, or used for any other purposes other than a PTW screening authorized by PTW member organizations.
5. All Technical and General Volunteers working at a PTW screening (i) shall maintain the confidentiality of all information collected relating to participants in the PTW screening (“Participant Information”); (ii) shall not disclose participant information to any third party other than PTW member organizations, including a volunteer participating in a PTW screening who does not need to know the participant information; and (iii) shall not use participant information for any purpose except for those related to the PTW program, participant follow-up, and evaluation. This confidentiality obligation applies even if some or all of the participant information may be available from public sources.
6. The PTW Technical Volunteer represents that he or she
 - a. Is competent to perform tasks associated with blood and urine collection;
 - b. Will observe state laws where a PTW screening is conducted regarding the disposal of bio-hazardous waste;
 - c. Will observe infection control/universal precautions according to the requirements of the Occupational Safety and Health Administration.
7. The Technical and General Volunteer represents that he or she
 - a. (i) shall maintain the confidentiality of all information collected relating to participants in the PTW screening (“participant information”); (ii) shall not disclose participant information to any third party other than PTW member organizations, including a volunteer participating in a PTW screening who does not have a need to know the participant information; and (iii) shall not use participant information for any purpose except for those related to the PTW program, participant follow-up, and evaluation. This confidentiality obligation applies even if some or all of the participant information may be available from public sources.

8. The Technical Volunteer represents that if exposed to bloodborne pathogens or other potentially infectious materials (BBP/OPIMs) during a screening conducted pursuant to the PTW program, s/he will follow the guidelines recommended by The National Institute for Occupational Safety and Health (NIOSH). S/he understands that failure to follow the guidelines below, in the event of a needle stick event, significantly increases chances of infection.

I, _____, have received the vaccination for Hepatitis B _____ Initials

I, _____, have not received the vaccination for Hepatitis B and have signed a refusal at my primary professional employer. _____ Initials

9. If during the event the technical volunteer experiences a needle stick or other sharps injury or is exposed to the blood or other bodily fluid of a patient during the course of work, the following precautions and steps should be taken:

- a. Wash needle stick cuts with soap and water.
- b. Flush splashes to the nose, mouth or skin in water.
- c. Irrigate eyes with clean water, saline or sterile irritants.
- d. Report the incident to the PTW Clinical Research Coordinator and NKF AZ Director of Patient Services. This report must include documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- e. Immediately seek medical attention at the Emergency Room. That medical attention should include a confidential medical exam, as well as post exposure prophylaxis, when medically necessary, as recommended by the U.S. Public Health Service. All expenses and fees incurred at the Emergency Room, clinic, hospital or other medical facility for any medical attention and payment for any medical care is the sole responsibility of the individual(s) involved in the needle stick incident.

10. This agreement is governed by and should be construed under the laws of the State of Arizona applicable to agreements made and performed there without regard to its conflicts of laws principles. This is the whole agreement between the parties relating to its subject, except for any separate agreement relating to data usage. No amendment to this agreement is valid unless in writing and signed by all parties bound by the agreement.

IN WITNESS WHEREOF, the parties have signed this agreement on the day and year written below.

Technical/General Volunteer: Print Name _____

Technical/General Volunteer: Signature _____

NKF AZ Director of Patient Services: Print Name _____

NKF AZ Director of Patient Services: Signature _____

NKF AZ Chief Executive Officer: Print Name _____

NKF AZ Chief Executive Officer: Signature _____

Path to Wellness
Technical Volunteer Profile
For volunteers drawing blood samples and/or operating Point of Care Testing Devices

Program time frame: March 2015 through December 2015

Your Name: _____ Credentials: _____

Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

Qualifications: list most recent academic preparation – please indicate area of specialty or attach resume or CV:

School/University: _____ City: _____ State: _____

Degree: _____ Date: _____

Competence: Summarize any specific training and/or experience that qualifies you to conduct the tasks for which you are responsible: