

## Volunteer Agreement

It's important to us that volunteer opportunities are successful and meaningful for both Patient Voices Network (PVN) Volunteers and Health Care Partners. This Volunteer Agreement will ensure that you know what support you can expect as well as your responsibilities as a volunteer.

### **Our commitment to you as a volunteer is to ensure that\*:**

- You are treated with fairness, courtesy, dignity and respect;
- You are offered suitable opportunities for engagement;
- You are kept informed about PVN as much as possible through communication channels such as newsletters, websites, and social media;
- You are provided with sound guidance, orientation, and skills development;
- You are provided appropriate recognition; and
- You feel safe and supported.

*\* Adapted from Self-Management BC's Program Leader Handbook*

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*Please review and sign this document as part of your volunteer commitment to Patient Voices Network, which is supported through the BC Patient Safety & Quality Council (BCPSQC).*

### **Volunteer Responsibilities**

As part of my commitment to Patient Voices Network as a volunteer, I agree that:

#### **With respect to volunteer conduct:**

- I will collaborate with others.
- I will respect the rights and views of others, and treat them with fairness, courtesy, dignity and respect.
- I will not engage in any form of harassment or discrimination.
- I will discuss any potential conflicts of interest with BCPSQC staff should such a situation arise, including benefits related to my professional interests.
- I will, to the best of my abilities, follow through on my commitments regarding volunteer opportunities offered through PVN. If I am not able to meet a commitment, I will notify BCPSQC staff as soon as possible.
- I will refer inquiries I receive about the governance or management of the Network to BCPSQC staff.
- I will inform BCPSQC staff of any information that can help the Network measure, monitor and support my involvement.
- I will follow the steps outlined in *Volunteer Conduct Management Process (Appendix A)* in the unlikely event I am not able to meet expectations outlined in this volunteer agreement.

**PVN is a community of patients, families and caregivers working together with health care partners to improve BC's health care system.**



# Patient Voices Network

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## With respect to confidentiality:

- I will respect the privacy of PVN members and health care partners.
- I will consider details about medical conditions, family relations, contact information, and other facts of a highly personal nature as confidential. I will not disclose any information without the specific permission of the individual concerned.
- I understand that all information (including but not limited to: initiatives in development, internal correspondence, financial information, unpublished research or statistical data) obtained through volunteer opportunities is confidential. I agree not to tell, show, copy, sell, change or disclose this information to others without prior permission.
- I will take all reasonable measures to ensure information is kept secure and disposed of appropriately.
- I will seek clarification from BCPSQC staff and/or the health care partner if I have any questions or concerns about confidentiality.
- I will notify BCPSQC staff and the health care partner if I believe I may have inadvertently breached confidentiality.
- I understand that I may be requested to sign an additional confidentiality agreement provided by the health care partner.
- After leaving PVN, I will maintain confidentiality on personal and engagement information as outlined above.

## Sharing Responses to Engagement Invitations

When volunteers respond to PVN engagement invitations, it is accepted that all responses, including personal information, may be provided to the health care partner leading the engagement as part of the selection process. When multiple volunteers are selected for the same engagement, they may be provided each other's names and email addresses to be able to connect with each other.

- I provide consent for the BC Patient Safety & Quality Council to share my responses to an engagement invitation with the health care partner leading the engagement. I also consent to my name and email address being shared with other selected volunteers participating in the same opportunity.*

I understand compliance with this agreement is a condition of volunteering with the Patient Voices Network and that failure to comply may result in a discontinuation of my involvement and follow-up by BCPSQC and/or the health care partner.

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**Print Name Here**

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**Date**

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**Signature**

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**Patient  
Voices  
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**If you have any questions, please contact us at:**

604.668.8220

1.877.282.1919

[pvn@bcpsqc.ca](mailto:pvn@bcpsqc.ca)

*The BC Patient Safety & Quality Council will collect personal information under section 26 (c) of the Freedom of Information and Protection of Privacy Act for the purposes of operating the Patient Voices Network. If you have any questions about the disclosure of your personal information please contact: Tammy Hoefler, Director, Patient & Public Engagement, BC Patient Safety & Quality Council, 201-750 West Pender St., Vancouver, BC, or via telephone at 250.617.3855.*

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## Appendix A: Volunteer Conduct Management Process

### Purpose:

In the unlikely event that a PVN volunteer does not meet the expectations outlined in their signed agreement, we will guide them through a staged process to review and correct the issue. The removal of a volunteer from the Network is a last resort and would only occur if stages one to three were not successful. All process documents created during these stages will be provided to the PVN volunteer, dated and stored in the PVN database.



### Stage One: Informal Discussion

An informal discussion between the PVN volunteer, Council (PVN) staff and, if appropriate, the health care partner, to respectfully review concerns and co-create solutions.

### Stage Two: Formal Meeting

A formal meeting between the PVN volunteer, including a family member or friend if desired, Council (PVN) staff and, if appropriate, the health care partner. The outcome of this meeting will be a signed decision agreement outlining the volunteer and the Network's expectations.

### Stage Three: Corrective Action Planning

If the decision agreement is not successful, the next step is the creation of a corrective action plan outlining the background of the issue, previous solution attempts and actions, and associated timelines, required to avoid removal from the Network.

### Stage Four: Removal of PVN Volunteer

If stage three is not successful, the PVN volunteer will be advised of their removal from the Network.

### Special Circumstances Requiring Immediate Removal of a PVN Volunteer

There are a few special circumstances in which a PVN volunteer may be immediately removed from the Network. If any of the following occur, stages one to three will be by-passed and the volunteer will be immediately removed from the Network:

- Lying, or falsifying information on official PVN forms;
- Physical or verbal abuse of other patient partners, Council (PVN) or health care partner staff and/or volunteers;
- Stealing or purposely misusing PVN or health care partner money, property or materials; or
- Illegal, violent or unsafe acts.

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