

### **Harassment/Discrimination**

LCHC is strongly opposed to harassment/discrimination of any kind in the workplace. It is the intent of the Health Center that no volunteer serves in an environment that is in any way considered to be intimidating, hostile, or offensive because of harassment/discrimination. The Health Center has a complaint procedure available to volunteers who have experienced conduct the volunteer finds offensive, hostile, intimidating, or discriminatory because of race, color, religion, gender, age (including pregnancy, childbirth or related medical condition except where sex or age is a bona fide occupational qualification), sexual orientation, national origin, ancestry, family care status, disability, marital status, Protected Veteran status or any other characteristic protected by law.

Harassment/discrimination in any form – verbal, physical, or visual – is strictly against Health Center policy, and LCHC will not tolerate any harassment/discrimination in the workplace. Volunteers will be subject to discipline, including possible immediate discharge, for any harassing behavior.

Defining sexual harassment/discrimination precisely is difficult, but it certainly includes slurs, threats, derogatory comments, unwelcome jokes, exposure to sexually oriented literature or pictures, teasing or sexual advances, and other similar verbal or physical conduct. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment/discrimination where:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's service;
- b. Submission to or rejection of such conduct by an individual is used as a basis for an adverse volunteer decision(s) affecting the individual;
- c. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

No supervisor, employee, co-volunteer, or non-employee shall threaten or suggest that a volunteer's refusal to submit to sexual advances will adversely affect the volunteer's service, advancement, assigned duties, shift, or any other terms or condition of service. Other types of prohibited conduct by volunteers, or non-volunteers include sexual advances, sexual banter or innuendoes, sexual jokes, propositions, verbal abuse of a sexual nature, suggestive touching, suggestive gestures and comments, graphic verbal description of an individual's body and the display in the workplace of sexually suggestive objects, pictures, photographs or drawings.

Any volunteer who is subjected to harassment/discrimination because of race, color, religion, gender, age (including pregnancy, childbirth or related medical condition except where sex or age is a bona fide occupational qualification), sexual orientation, national origin, ancestry, family care status, disability, marital status, Protected Veteran status or any other characteristic protected by law; or knows of someone who is the victim of such harassment/discrimination, shall immediately report this to his/her supervisor and/or the Volunteer Services Manager. If the supervisor is the source of the alleged harassment/discrimination, the volunteer shall report the problem to the Human Resources Manager or CEO.

Volunteer Services will confidentially, promptly, and completely investigate the matter according to the guidelines for investigation. Upon completion of the fact-finding investigation, appropriate action will be taken based on the results.

No volunteer will be subject to any form of retaliation or discipline for assisting in the investigation of or making a complaint of harassment/discrimination.

The investigation file, including the initial complaint, shall be kept in the Volunteer Services Department. This investigation file shall not be considered a part of any volunteer's personnel file. If a finding of harassment/discrimination is made, the result of the investigation shall be placed in the volunteer's file.

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Signature

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Date

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Print Name

Please complete other side →

## Acknowledgements

### **Confidentiality Statement**

I understand and agree that in the course of my work, I may have access to confidential information regarding patient records, personnel records, and other LCHC records. It is one of the most important responsibilities to protect the privacy and confidentiality of patients, employees, and the organization. Any confidential information should be used only in the performance of my duties. Confidentiality of all information concerning patients is of utmost importance and constitutes an ethical obligation and a legal right for every patient.

All volunteers are required to complete new volunteer orientation where confidentiality is discussed. A confidentiality statement will be signed by each volunteer and renewed annually as part of mandatory training. The signed confidentiality statement will become part of the volunteer's personnel file. Failure to comply will result in disciplinary action, up to and including termination.

### **Computer, E-Mail and Voice Mail Usage**

Computers, computer files, Internet access, computer systems, software, E-mail, and voice mail systems that are furnished for use by volunteers are Health Center property intended for business use. All messages composed, sent and received and any file created, transmitted or stored on these systems are the property of the Health Center, not the private property of any volunteer. To ensure compliance with this policy, the Health Center reserves the right to review, audit, intercept, access and disclose any messages created, received or sent over the E-mail or voice mail system, any file created, transmitted or stored on the computer system or any activity on the Internet. The confidentiality of any file or message should not be assumed.

### **Photo Acknowledgement**

\_\_\_\_\_ Yes, I consent.                      \_\_\_\_\_ No, I do not consent.

I hereby grant LCHC the right to produce and publish my photograph or likeness for educational, informational, promotional (including but not limited to newspapers, brochures, social media, or any other form of advertising) or other purposes the Health Center deems appropriate. I understand I will receive no remuneration for the use of said materials. I further understand the photographs, slides, or videos are used only for and by LCHC and are the property of LCHC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name