



## Houston Shifa Services Foundation

### VOLUNTEER ENROLLMENT AND CONSENT FORM

I, \_\_\_\_\_, want to serve as a volunteer at the Houston Shifa Services Foundation's Social Services Center – **Shifa Clinic Houston**. I have been explained, to my satisfaction, HSSF policies for volunteer work, as stated in the Volunteer Handbook. I understand and agree to abide by all HSSF policies and affirm that all HSSF client information will be kept confidential.

I agree to participate in HSSF community Service and, to the best of my capabilities, ensure quality of care in the delivery of such social services.

I agree to provide required personal information to the HSSF Administration and to keep this information updated as needed.

I understand that I can withdraw my consent and terminate my services from HSSF at any time. I also understand and agree that the HSSF Administration, at its sole discretion, with or without cause, may terminate my services at any time.

By signing this form, I attest to the above and I attest that I have received and read the Volunteer Handbook (available on the volunteer registration section of the Shifa Clinic Website) and agree to abide by its policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Typing name in above constitutes a digital signature by the Volunteer)**