

COMMUNITY ENGAGEMENT ADVISORY NETWORK (CEAN)

MEMBERSHIP AND CONFIDENTIALITY AGREEMENT

Thank you for agreeing to volunteer with Vancouver Coastal Health Authority (“VCH”) as a member of its Community Engagement Advisory Network (“CEAN”). In consideration of VCH allowing me to volunteer as a CEAN member, I, _____, acknowledge and agree as follows:

1. **Volunteer:** I am voluntarily donating my time to VCH and am not entitled to any compensation or benefits from VCH. I am not an employee of VCH as it relates to my volunteer assignment(s) and my volunteer services do not constitute a guarantee or promise of future employment.
2. **Orientation:** I will complete any orientation and training as required by VCH to fulfill my volunteer duties, which may include safety procedures, hand hygiene basics, and confidentiality and privacy.
3. **CEAN Engagement Opportunities:** If I join a specific CEAN committee or project, I may be required to acknowledge and agree to additional terms and conditions as per the CEAN committee or project team’s requests, where such additional terms and conditions will form part of this Agreement. I will comply with such additional terms and conditions and this Agreement when engaging in the CEAN committee or project.
4. **Conduct:** I will not accept any gifts, hospitality, or entertainment that could reasonably be construed as being given in anticipation or recognition of my CEAN membership. I will not engage in political campaigning of any sort (municipally, provincially, or federally) on behalf of VCH or its CEAN. I will not place myself in a position that may give rise to an actual or perceived conflict of interest with respect to my CEAN membership.
5. **Policies:** I will comply with all applicable laws (including orders of the BC Provincial Health Officer), and all policies, instructions, standards, protocols, and guidelines of VCH, as communicated by VCH, including, but not limited to, the following: Social Media, Websites and Online Communication Policy, Respectful Workplace & Human Rights Policy, Hand Hygiene Policy, Intellectual Property Policy, Conflict of Interest Policy, and the CEAN Members Handbook, as may be amended from time to time. The policies of VCH may be found online at: <http://shop.healthcarebc.ca/>.
6. **Confidentiality:** I understand that as a CEAN member, I may become privy to VCH confidential information, including, but not limited to, the personal information of VCH staff, volunteers, patients, and clients, and VCH corporate, financial, and administrative records. I will comply with the Information Privacy & Confidentiality Policy, as may be amended from time to time, concerning the collection, use, disclosure, and protection of VCH confidential information. Further, I acknowledge and agree to the terms and conditions of Schedule A (Confidentiality Undertaking).
7. **Reporting Incidents:** I will immediately report any incidents that occur on a VCH site to my VCH contact person, including any incidents involving injury or conflict(s) of interest.

8. **Assumption of Risk:** I understand that volunteering with VCH as a CEAN member may involve a risk of injury or other dangers and that it is my responsibility to learn and inform myself of any risks associated with being a CEAN member. By participating as a CEAN member, I will be deemed to have accepted all such risks.
9. **Release:** I will not pursue any claims against VCH for any injury or damages that others or I may suffer resulting from my conduct or my violation of this Agreement.
10. **Notice:** If I am unable to fulfil my volunteer duties, I will provide my VCH contact person with as much notice as possible.
11. **Termination:** VCH may terminate my volunteer duties and CEAN membership immediately at any time if I fail to comply with this Agreement, in addition to any other legal rights or remedies that VCH may have.

By signing below, I confirm that I am nineteen (19) years of age or older, and I have read, understand and agree to the above.

Print Name: _____

Signature: _____

Date (dd/mm/yyyy): _____

SCHEDULE A – CONFIDENTIALITY UNDERTAKING



Confidentiality Undertaking

In consideration of Vancouver Coastal Health Authority ("VCH") allowing me to volunteer as a member of its Community Engagement Advisory Network (the "Services"), I acknowledge and agree as follows:

1. I have read, understand, and will comply with the [VCH Information Privacy & Confidentiality Policy](#) and related policies as amended from time to time, concerning the collection, use, and disclosure of "Personal Information" as defined in the BC *Freedom of Information and Protection of Privacy Act* ("FIPPA"), in connection with performing the Services;
2. I understand that by performing the Services, I may have access to Personal Information concerning VCH patients, residents, clients, and employees, and/or VCH business information, including corporate, financial, and administrative records. I understand that this information is confidential and I will not disclose any such information to any third party, except as expressly permitted by VCH in connection with performing the Services;
3. I will access, use, and disclose (where permitted) only the minimal amount of Personal Information necessary for the performance of my duties;
4. I will not copy, alter, destroy, or remove any Personal Information, confidential business information, or records except as authorized by VCH and in accordance with VCH policies;
5. I will at all times comply with FIPPA and will take reasonable security precautions to protect any Personal Information I may have access to against unauthorized access, collection, use, disclosure, or disposal;
6. I will immediately report to the VCH Information Privacy Office the potential or actual unauthorized disclosure or loss of any Personal Information;
7. I understand that compliance with this Confidentiality Undertaking is a condition of any contract(s) with VCH in respect of the Services and that failure to comply may result in immediate termination of such contract(s), in addition to legal action by VCH and/or others;
8. This Confidentiality Undertaking is meant to supplement, not replace, any other agreement that may exist between me and VCH in respect of the Services; and
9. I agree that my confidentiality obligations in this Confidentiality Undertaking continue even after performance of the Services and/or my relationship with VCH ends.

For privacy questions, contact the VCH Information Privacy Office at 604-875-5568 or vchinformationprivacy@vch.ca.