



H.O.M.E. STUDENT LIABILITY FORM

Thank you for the time you are taking to help improve our community. We understand how busy you are and respect your beneficence. Please read this form thoroughly, print, sign and upload into your mwu-home.com profile BEFORE you participate in any Health Outreach through Medicine and Education (H.O.M.E.) activities. Thanks for joining us!

_____ All policies and pronouncements in the Student Handbook are currently in effect and apply to all students enrolled in the University, including off-campus activities such as H.O.M.E..

Conduct Code: _____ I will conduct myself appropriately as a representative of the H.O.M.E. student club and Midwestern University. I agree to exhibit the highest ethical and professional behavior and to work with others to promote similar behavior.

_____ I agree to work toward better public relations with the general public on behalf of all the programs of Midwestern University and H.O.M.E..

_____ I understand that I am subject to the laws of the State of Arizona and the ordinances of the Cities of Phoenix and Glendale. In addition, I have a responsibility to comply with all rules and regulations of the University.

Audio- Videorecording, Photos: _____ Audiorecording, photos, videorecording and/or digital recording in any format, including cell phones, at H.O.M.E. community sites is prohibited.

_____ When participating in H.O.M.E. activities, I understand that I may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for H.O.M.E., and will be the sole property of Midwestern University and H.O.M.E.

Harrassment/Discrimination: _____ I agree to adhere to Midwestern University's policy of nondiscrimination for all patients, students, faculty and staff regardless of race, color, gender, gender identity, sex, sexual orientation, religion, national origin, ethnicity, disability, status as a veteran, marital status, pregnancy status, housing status or age.

Safety/Disease Prevention: _____ I agree to follow appropriate universal precautions, as described in the blood borne pathogens course I have already completed.

_____ I agree that I will keep all my immunizations up to date, as required for patient care by Student Services.

_____ I agree to seek demonstration from the site coordinator prior to using any supplies or equipment which I have not utilized previously.

_____ I agree to follow the direction of the H.O.M.E. student coordinators, all preceptors, site staff and security.

_____ I agree to always travel with other students, staff, faculty or preceptors in at least groups of two, and will not be unaccompanied while at the shelter(s). I understand that within the homeless community are untreated psychiatric patients. *If you ever feel threatened, please notify your site coordinator. There is security at all of the sites that we visit.*

_____ Travel time is not included in volunteer, course or make-up hours. Each group will meet on campus prior to departure. I understand that I may be needed to drive for carpool, and will not be reimbursed for travel.

Dress Code: _____ I agree to the following dress code: casual dress slacks or scrub pants, and H.O.M.E. T-shirt, dress shirt or scrub top, with student MWU identification badge in full view. Hair should be clean, neat, combed.

_____ I will NOT wear open toed shoes, halter tops, tank or tube tops, backless, cleavage or midriff-baring tops, white trousers, jeans, capris or shorts, short skirts (must extend to TOP EDGE OF THE PATELLA) or visible body piercings (except ears).

_____ I understand that if I attend an event wearing inappropriate attire I will not be allowed to interact with patients.

Information Technology: _____ I understand that H.O.M.E.'s computing and communication resources are the property of MWU. If found to have misused H.O.M.E. computer services or equipment I will be subject to disciplinary action, including fines, suspension, probation, restitution of funds, and/or expulsion, and may be in violation of Arizona laws.

Liability: Professional liability insurance during clinical education is provided by the University.

I have read over the Policies and Procedures that are required of me while attending a H.O.M.E. site visit.

Name (Print)

Program & Graduation Year

Signature

Date

☐ Male

☐ Female