



P R E E C L A M P S I A
foundation

Code of Conduct

I desire to serve as a volunteer with the Preeclampsia Foundation (the “Foundation”) and help further its stated mission.

As a volunteer, I understand that I may be exposed to confidential information that is defined as inside, personal or sensitive information, and may include contact information, health information, or personal experience stories. By signing this agreement, I am prohibited from sharing or disclosing this information for any unauthorized purpose, including personal benefit.

In all situations in which the Foundation is involved, I promise to conduct myself according to the standards set forth in the Preeclampsia Foundation Talent Management Program (TMP) Volunteer Handbook and understand that it is my responsibility as a volunteer to remain professional, respectful and discreet at all times.

I acknowledge that I have read and understand the contents of the TMP Volunteer Handbook and have had the opportunity to ask and receive answers to any questions I have about the contents thereof. I also understand that I must disclose any of my outside interests that may be in conflict or competition with the interests of the Foundation or that stand to benefit from my involvement therewith, and then refrain from participating in any discussions pertaining to those conflicts.

I understand that the Foundation is not financially or otherwise liable for injury or casualties that occur to anyone while serving as a volunteer for the Foundation.

CODE OF CONDUCT CERTIFICATION AND DISCLOSURE

I certify that I have read and understand the Preeclampsia Foundation’s Code of Conduct and TMP Volunteer Handbook and agree to comply with the terms therein, as well as applicable laws that impact the Foundation. I also understand that should I not maintain the conduct outlined above, the Foundation reserves the right to terminate my voluntary position immediately. I also have the right to step down from my volunteer position at any time.

For the Preeclampsia Foundation:

Volunteer:

Printed Name / Title

Printed Name

Signed Name

Signed Name

Date

Date

Please complete and mail to Preeclampsia Foundation, 5353 Wayzata Blvd., Suite 207, Minneapolis, MN 55416 or email a scanned copy to info@preeclampsia.org