

## Cambodian Health Professionals Association of America

1025 Atlantic Ave, Long Beach, CA 90813, USA Phone: 562-491-9292 Fax: 562-495-1878 www.chpaa.org

## Volunteer Code of Conduct

- 1. Support the vision of the Cambodian Health Professionals Association of America (CHPAA), and the Medical, Surgical and Dental Mission.
- 2. Uphold the highest personal and professional conduct in mission assignment, treat patients and families with respect and compassion, display mutual respect to fellow volunteers.
- Be sensitive to local beliefs, respectful of local traditions, culture and religions.
- 4. Work collaboratively with local health professionals, encourage exchange of ideas and knowledge, treat our hosts with courtesy and respect at all times.
- 5. Make no judgment or criticism of the local facilities or their way of doing things.
- 6. Refrain from making political statements and criticism of the host government and its officials, from participating in any activity or making any remarks that reflect negatively on CHPAA mission.
- 7. Do not promise any CHPAA supplies, equipment or medications to a particular patient, health facility, group or individual. Also, refrain from taking supplies, equipment or medications at the conclusion of the mission.
- 8. Conserve supplies and medications. These are donated or purchased with donated funds. They are expensive and sometimes impossible to replace locally.
- 9. If unable to fulfill your assignment for any reason and need to be absent, please inform and discuss promptly with mission leaders.
- 10. Pay attention to your own health needs and personal safety at all times. Please do not engage in any activities that can jeopardize your health or safety.
- 11. Be flexible during the mission. Remember that the mission was organized 100 percent by volunteers. When things go wrong, try to help.
- 12. The CHPAA designated uniform and ID badge must be worn at all times during the mission work.

I fully agree to abide by the CHPAA code of conduct outlined above an	nd signed in application
form:	

Signature	Date
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