

Confidentiality Policy & Waiver Agreement

Volunteer Name (Printed): _____

Volunteer E-mail: _____

Address: _____ City: _____ Zip: _____

Best Phone Number to Reach You: _____

Group/Organization: _____

Please remember that we are bound by the trust people place in us to keep their conversations confidential. Small bits of information shared with someone outside the program/project (i.e., spouse, best friend, roommate, church members, etc.) may seem harmless to you, but may identify a person or issue you have been entrusted with.

Persons who violate this trust will not be permitted to continue volunteering.

All discussions that take place within the scope of your involvement with the clients and the program will remain confidential. If you have a question concerning this policy, contact a staff member of Share.

The purpose of these policies is:

- 1. To protect the identity of clients and treat each one with the care and dignity we would want for ourselves.**
- 2. To provide protection and safety for our WHO staff and volunteers.**
- 3. To nurture the commitment of trust among ourselves.**
- 4. To continue the trust and confidence in the WHO program.**

I Affirm That:

I shall respect the privacy of our clients and hold in confidence all information obtained in the course of volunteering. Therefore, I will not disclose client confidences to anyone except: (1) as mandated by law; (2) to prevent clear and immediate danger to a person or persons; (3) if there has been a "release of information" signed by the client; (4) in the course of my work with WHO leadership or Share staff, with the aim of helping the client.

I shall possess a professional attitude, which upholds confidentiality towards clients, co-workers, and any sensitive situations arising in the program. I, upon the conclusion of volunteer work, shall maintain client and co-worker confidentiality and I shall hold as confidential information about sensitive situations within our program. This Confidentiality Policy applies during and after my participation with the WHO program

I Affirm That:

I am applying to perform certain volunteer services related to the Winter Hospitality Overflow (WHO) Program. I acknowledge that my participation is completely voluntary on my part. In consideration of my being allowed to participate in this volunteer community service event; I, the undersigned, for myself, my heirs, and assigns hereby release and discharge Share, Council for the Homeless, St. Andrew Lutheran Church and St. Paul Lutheran Church, its affiliates, associates, and any participating organizations, for any claims for damages or injury I may incur resulting from my participation in this volunteer community service event. I understand that my indirect or direct participation with the WHO program may involve risk of injury and/or illness.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy. If you do not want to receive updates future updates about the Winter Hospitality Overflow please check here ____.

Volunteer Signature (First & Last)

Date

Child(ren)'s Name(s) (First & Last)

Date