

Confidentiality Policy & Waiver Agreement

Volunteer Name (Printed): _____

Volunteer E-mail: _____ **Best Phone Number:** _____

Address: _____ **City:** _____ **Zip:** _____

We must maintain a professional relationship with WHO guests. 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 may seem harmless, but may identify a person or issue you have been entrusted with. **Persons who violate this trust will not be permitted to continue volunteering**

Do Not share any information about WHO guests – even small personal details – with anyone outside the program, such as a best friend, roommate, church member, etc. even if you are no longer volunteering

Do Not take photographs of WHO guests without their express, written consent.

Do tell Share staff or a WHO task force member if you did something that made someone uncomfortable.

Do Not exchange cell phone numbers, emails or other contact information with WHO guests.

Do model appropriate, respectful conversation.

Do Not give money or special gifts to individual guests that are not given to all WHO guests.

Do be friendly and kind.

Do Not offer to take WHO guests home or give them rides.

Do tell Share staff or a WHO task force member if someone said something that made you uncomfortable

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/illness.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy.

If you do not want to receive email updates about the Winter Hospitality Overflow please check here ____.

Volunteer Signature (First & Last)

Date