**Volunteer Agreement**

1. All volunteers agree to volunteer for a minimum of one year (exceptions are made for hardship, illness or relocation, please discuss your concerns with a staff).
2. Each volunteer must maintain a firm commitment to professional conduct:  
        a.   Participant files and case information must be held in strict confidence.  
        b.   Notification is necessary when absent from volunteer duties.  
        c.   Volunteers requested to provide at least two weeks advanced notice before ending their volunteer position.
3. Each volunteer is required to attend A Caring Place orientation, or read a self-paced module.
4. Volunteers are not permitted to accept money and/or gifts from any of the participants nor are they allowed to handle their finances and/or medications in any way.
5. I hereby give A Caring Place, Inc. the right to investigate my past volunteer and employment activities, if I apply for home visits, or transportation aide.   I release from all liability all persons, companies, and corporations who supply such information.  I hold harmless and indemnify A Caring Place against any liability that may result from such an investigation. I understand and agree to the above-mentioned conditions.

**Upon receipt of application, A Caring Place staff will contact you to schedule orientation and training.**

**Volunteer Confidentiality Agreement**

Federal regulations require that all applications and information be treated as confidential. Information about the health, social condition and psychiatric condition of a participant, the home phone number, address and marital status must be considered confidential. This information cannot be published in any way or conveyed to anyone outside the Telephone Comfort Care Program. It must be noted that anyone who intentionally violates this provision of the law can be prosecuted for misdemeanor conduct.

The individual the volunteer is serving deserves the respect and dignity of having his or her personal affairs kept confidential. As you spend time with your client, a bond of trust develops, and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal service providers, and you (the volunteer) may be the only person available with whom the older adult is willing to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship with your participant. However, as a volunteer, you do have the responsibility to alert and discuss with the Chair or Secretary of A Caring Place Board any situation that may endanger the health, safety or welfare of the individual you serve.

Please remember that you should not disclose any information to those not directly involved with the person--such as your family, friends, co-workers or others.  A network of people and services enables the participant to remain in his/her own home, but it often has a price: the loss of control over once-private matters. As a volunteer and friend, you can help him or her maintain some control over his or her life by respecting the right to share confidences without fear that confidential information will be passed on to others.

I have reviewed these policies and procedures, understand them, and agree to perform my volunteer responsibilities.

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(Signature) (Date)