



Coastal Support Services

VOLUNTEER CONFIDENTIALITY POLICY AND WAIVER AGREEMENT

Volunteer Name: _____ **Date:** _____
Address: _____ **City:** _____
Contact Information: (Cell) _____ **(Landline)** _____
In case of emergency, contact name: _____
Relationship: _____ **Number:** _____

Preamble

As a staff / volunteer, 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 (e.g. spouse, best friend, roommate, church member, etc.) may seem harmless to you but may identify a person or issue you have been entrusted with.

Staff / volunteers who violate this trust will not be permitted to continue working/ volunteering with Coastal Support Services.

Confidentiality

All discussions that take place within the scope of your involvement with Coastal Support Services will remain confidential. If you have a question regarding this policy, please contact the Executive Director(s). The number will be provided if requested.

The purpose of this policy is:

- To protect the identity of the clients and treat each one with care and dignity.
- To provide protection and safety for our volunteers.
- To nurture the commitment of trust among ourselves.
- To continue the trust and confidence in Coastal Support Services.



Coastal Support Services

I therefore, affirm:

- To respect the privacy of our clients and to hold in confidence all information obtained in the course of volunteering. Therefore, I will not disclose client confidences to anyone except:
 - As mandated by law
 - To prevent clear and immediate danger to a person or persons
 - If there is a “release of information” signed by a client
- In the course of my work with Coastal Support Services with the aim of helping the client.
- I shall possess a professional attitude, which upholds confidentiality toward clients, co-workers and any sensitive situations arising in any Coastal Support Services programs.
- I, upon conclusion of employment or volunteer work, shall maintain guest and co-worker confidentiality and I shall hold as confidential information about sensitive situations within our Coastal Support Services programs.

Staff / Volunteer Signature: _____ Date: _____

Waiver FOR VOLUNTEERS ONLY

I affirm that:

- I am applying to perform certain volunteer services related to Coastal Support Services.
- I acknowledge that my participation is completely voluntary on my part.
- In consideration of my being allowed to participate as a volunteer in this nonprofit community service program, I, the undersigned, for myself, my heirs, and assigns hereby release and discharge Coastal Support Services and its affiliates, associates, partners/ donors and any participating organizations, for any claims for damage or injury I may incur resulting from my participation in this community service activity. I understand that my indirect or direct participation with the Coastal Support Services programs may involve risk including injury or illness.

Volunteer Signature: _____ Date: _____