



# WERNERSVILLE STATE HOSPITAL

## STATEMENT OF CONFIDENTIALITY

It is the responsibility of all persons granted access to confidential information to protect the confidentiality of patient information and to make use of that information only to the extent authorized and necessary to provide patient care and/or perform proper Hospital duties/responsibilities.

I, \_\_\_\_\_ (volunteer)  
Print name

*understand the importance of confidentiality and agree to refrain from communicating (in any form) any information that I learn about patients while volunteering at Wernersville State Hospital.*

*I understand that a breach of confidence regarding patient information could result in immediate termination of my volunteer responsibilities.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Reviewer

\_\_\_\_\_  
Date

**WERNERSVILLE STATE HOSPITAL**  
**VOLUNTEER RESOURCE DEPARTMENT**

This **Waiver of Liability** releases the Commonwealth of Pennsylvania and Wernersville State Hospital in the event of injury to any individual in your organization.

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Name (must be over age 18)

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Address

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Organization

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Date



**AVAILABILITY:**Check (  ) for preferred time.Check (  ) for second choice.

TIME	MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							
How many hours can you serve regularly each week?							
Show time of year when you will be unavailable.							

**PERSONAL INFORMATION**

Were you ever convicted of a criminal offense, or have you ever forfeited bond or collateral in connection with a criminal charge? Is any criminal charge against you now pending? (Omit [1] minor traffic violations, and [2] any offense committed before your eighteenth birthday which was finally adjudicated in a juvenile court or under a youth offender law.) If "YES" give details below.

 YES NO

1. Date:
2. Nature of offense or violation:
3. Name and location of Court:
4. Name of probation officer (if currently on probation):
5. Penalty imposed, if any, or other disposition of the case:

SIGNATURE OF VOLUNTEER

DATE

**PLEASE NOTE: CRIMINAL RECORD CHECKS WILL BE CONDUCTED FOR INDIVIDUAL VOLUNTEER OPPORTUNITIES WORKING DIRECTLY WITH CONSUMERS**

Volunteers may, as a part of an approved Department program, use their private vehicles to transport individuals either on or off grounds to appropriate programs and activities. However, they must carry, at their own expense, at least the minimum amount of automobile liability insurance coverage as defined in the Department of Public Welfare Administrative Manual, Section 7051.2, Automotive and Parking Regulations.

INSURANCE COMPANY NAME

POLICY NUMBER

I understand that I am responsible to report any changes in my insurance coverage to the Volunteer Office.

SIGNATURE OF VOLUNTEER

DATE