Promise of Confidentiality

I understand that in the course of my duties with the Day by Day Warming Shelter, Inc., I may learn certain facts or other information about clients, staff, and volunteers that are personal and confidential in nature. I understand that such information must be treated as completely confidential and privileged.

I agree:

* Not to disclose any information of a personal or confidential nature via any means to anyone not authorized to have this information by Day by Day Warming Shelter. (Those authorized to receive confidential information are those in law enforcement, Dept. of Corrections, and the Winnebago County Dept. of Human Services.)
* To be aware of my surroundings and be conscious not to disclose any personal information about myself or my family in the presence of the guests for any reason.
* That authorized sharing of confidential information must be done discreetly. (Authorized sharing of information also pertains to one-time, one-place. It does not mean that specific information can be shared from that point on to whom one deems appropriate.)
* Not to act as an official spokesperson for the Day by Day Warming Shelter, Inc. without the express consent of the Executive Director.
* That I have read and understand the process and procedures as set forth in the Volunteer Training/ Employee Manual.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer/Staff Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer/Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Representative Date

***If volunteer is under 18 years old a parent’s signature is required below and they are strongly encouraged to attend one of the volunteer orientations:***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**\*If there is a group service project and the participants are under the age of 18 there must be one adult present for every six minors. Each minor must also have this waiver signed by a parent prior to volunteering. Again, all parents are encouraged to attend a volunteer orientation prior to their child volunteering their time. Special arrangements will be made for large groups.**