



Volunteer Expectations, Confidentiality & Waiver Agreement

Volunteer Name (Printed): _____

Contact Information (Phone and Email): _____

Expectation: It is essential that Volunteers comply with the procedures of the ARCHES Project volunteer programs. Consistency with implementation is critical for client expectations and volunteer understanding of operational processes. A volunteer may be asked to discontinue their volunteering if they disregard the rules laid out for their specific participation.

We are bound by the trust people place in us to keep their conversations confidential. **Persons who violate this trust will not be permitted to continue volunteering.** The purpose of this policy is:

1. To protect the identity of clients and treat each one with the care and dignity we would want for ourselves.
2. To provide protection and safety for our volunteers.
3. To nurture the commitment of trust among ourselves.
4. To continue the trust and confidence in ARCHES Project

I Affirm That: I shall respect the privacy of our guests and hold in confidence all information obtained in the course of volunteering. Therefore, I will not disclose client confidences to anyone except for the following reasons: a) as mandated by law, b) to prevent clear and immediate danger to a person or persons, c) in the course of my work with ARCHES Project, with the aim of helping the client. I shall possess a professional attitude, which upholds confidentiality towards clients, volunteers, and any sensitive situations arising during my time as a volunteer at ARCHES Projects. This Confidentiality Policy applies during and after my participation with the ARCHES Project volunteer programs.

I Affirm That: I am applying to perform certain volunteer services related to one or more programs at ARCHES Project **and will follow the rules of each program during my participation.** 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 Mid-Willamette Valley Community Action Agency, 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 program may involve risk of injury and/or illness.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy & Waiver Agreement. **NOTE:** By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Signature

Date