

## VOLUNTEER DATA SHEET and CONFIDENTIALITY STATEMENT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Availability: (Please circle) Days M T W Th F

Preferred Hours: morning 9-12:00 afternoon 12:00-3:00

other \_\_\_\_\_

Area of Interest: (Please check)

Reception \_\_\_\_ Office Work \_\_\_\_ Housekeeping \_\_\_\_

Companionship \_\_\_\_ Activity/Program/Group Leader \_\_\_\_

Special Skills: (Please list)

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Those wishing to volunteer as Companions please also provide 2 references.*

**Policies and Procedures:** I have received and read the Policy and Procedure Manual and agree to abide by expectations described in it.

**Statement of Confidentiality:** It is the philosophy of The Center that each individual who enters its doors is unique and of infinite worth. Respect for each person is of utmost importance. Therefore, it is expected that any information regarding an individual that is obtained at The Center is to be kept strictly confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_