



## Volunteer Confidentiality, Boundaries and Privacy Practices Agreement

HopeShelters.org

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As a volunteer of HOPE Adult Shelter Program I understand that I may have access to confidential information, both verbal and written, relating to guests, volunteers or staff and the organization.

HOPE Adult Shelter requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the guests and others they serve.

I understand, and agree that all such information is to be treated confidentiality and discussed only within the boundaries of my volunteer position at HOPE Adult Shelter Program

It is important to understand that in the course of your work with HOPE, you may learn of certain facts about individuals being served by the shelter that are of a highly personal and confidential nature. It is appropriate to talk to HOPE staff members about any questions you have about maintaining confidentiality of guest information. Please keep in mind that after you leave HOPE you are still obligated to maintain this confidentiality and not disclose specific information about any HOPE guest.

I agree not to give money, make purchases or give gifts to any HOPE guest or contact them outside of shelter. I also agree not to transport guests in my vehicle.

I hereby affirm that my position with this organization is one of a strict confidential nature. I agree that any knowledge gained as result of my position or my presence at this organization is and will remain confidential.

I have read the agreement of confidentiality and affirm that I will abide by this agreement.

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

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

Volunteer Organization: \_\_\_\_\_