

# Volunteer Confidentiality Statement

I \_\_\_\_\_, hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility.

I agree to respect residents' rights to privacy, as well as those of the family and the facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by the Director of Volunteers or the Department Head.

Signed by:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Department

\_\_\_\_\_  
Date

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## Permission Approval for Minors (under 18 years of age)

I, \_\_\_\_\_, give permission for  
\_\_\_\_\_ who is my \_\_\_\_\_  
to do volunteer work at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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# Volunteer Application

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Notify in Case of Emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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## Employment/Volunteer Experience

Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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## Hobbies, Skills, Talents, Special Interests, Special Training (check all that apply)

Volunteer for:  Outings     Special Events     Mail Distribution     Letter Writing  
 Calendar Activities     Special Friend     Activities of Daily Living    1:1

Have you ever been arrested?     Yes     No

If yes, explain \_\_\_\_\_

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## Schedule Preferred

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

If you are 17 years old or younger, please bring a permission letter from a parent or guardian.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Activity Director \_\_\_\_\_

Date \_\_\_\_\_

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