



# Volunteer Policies & Statement of Confidentiality

## Volunteer Policies

I have attended a Twin City Mission orientation and/or training conducted by the volunteer coordinator. I understand all the information that has been provided to me and have been given the opportunity to ask any questions or receive clarification.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name (if applicable)

## Confidentiality Agreement

As a volunteer or intern with TCM, I agree to comply with the following:

Confidential and/or private information about clients is not to be shared or repeated to others outside the scope of services and must be protected. Information that becomes known during the course of services and the identity of any adult or child receiving shelter or other services will not be disclosed unless required by law to report abuse or neglect. Particularly in situations involving domestic violence, the safety and security of clients and their children are at stake.

Additionally, confidential or private information about a staff member, board or council member may not be shared outside the dictates of agency policy and laws regarding the release of information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name (if applicable)

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Date