



2020

Bringing Healing and Hope to survivors of domestic violence & sexual assault.

CONFIDENTIALITY AGREEMENT for VOLUNTEERS & VISITORS
To be completed while at any client based facility

Please **print and complete** this form and sign the Confidentiality Policy below. A new one must be filled out each year.

Full Name: _____ Date: __/__/2020

Home Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone: _____

Would you like to receive our newsletter? Yes No

PURPOSE FOR VISIT: Facility Tour Visiting a client Other _____
(Describe)

Donation Drop-off. Item(s): _____ Attach donation Receipt

Are you here with an organization? Yes No Name of Organization: _____

Are you here to volunteer? Yes No If yes, we should have your application on file.

Volunteers MUST sign in and out in the volunteer log-in binder.

CONFIDENTIALITY – LIABILITY - PHOTO RELEASE POLICY

CONFIDENTIALITY STATEMENT: In efforts to protect the identity and safety of the clients served by FBWC and maintain confidentiality of the FBWC Shelter and other FBWC facilities, all staff and volunteers must sign this confidentiality agreement, promising not to divulge the identity of any client or disclose any other information pertaining to a client.

LIABILITY RELEASE: I release the FBWC and PennyWise Resale Store from all liability pertaining to accidents, injuries or complications resulting from activities. I authorize the FBWC or other emergency vehicles to transport me to the nearest hospital in case of injury. I authorize the hospital to administer the necessary care. I understand the FBWC is not responsible for medical costs associated with any injury.

PHOTO/MEDIA RELEASE: I hereby give permission to the FBWC to photograph me, video/audio me, and use my name on the FBWC website, social media, donor communications and external media publications.

DIVERSITY STATEMENT: I understand that it is the goal of FBWC to strive to develop a governing body, staff, volunteer base and clientele that is representative of the community served, and that is diverse in gender, age, race, sexual orientation, national origin, religion and disability status.

CRIMINAL BACKGROUND: *THIS ONLY PERTAINS TO VOLUNTEERS WHO SERVE CLIENTS ON A REGULAR BASIS
If you are volunteering directly with FBWC clients, you will be required to complete all relevant training, submit two personal references, and provide social security information in order to conduct a criminal history background check.

Name Legibly Printed

Signature

Send completed forms to: **Becky Watts, Volunteer Engagement Manager – Administrative Office | (281) 344-5759 | bwatts@fbwc.org**