



404 East A Street  
 PO Box 448  
 Rainier, OR 97048  
 (503) 556-0701

## Volunteer Information

Name First	Last		Date
Mailing Address			Home Phone
City	State	ZIP	Cell Phone
Email Address			Birthday MM/DD/YYYY (Optional)
Other Affiliations (Service clubs, other organizations, Etc.)			
Why would you like to be a HOPE volunteer?			
What days / hours are you available?			
Signature			
<p><b>Instructions: Please print this form, read both sides, fill out completely, sign both sides and mail or deliver to the address above. Thank you for your interest in being a HOPE Volunteer. We will contact you soon.</b></p> <p>Your personal information will be kept in strict confidence.</p>			

HOPE of Rainer does not discriminate against any employee, volunteer or customer on the basis of race, color, cultural heritage, national origin, religion, age, sex, sexual orientation, medical condition, marital status, physical or mental disability, political affiliation, source of income, veteran status or any other status protected under local, state, or federal law. This policy extends to all personnel decisions, terms and conditions of employment, vendor contracts and provision of services.

HOPE of Rainier does not tolerate harassment for any reason. Respect for the dignity of others shall be the guiding principle for our relations with each other.



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## Statement of confidentiality

Oregon Revised Statutes govern disclosure of confidential information by divisions of the Department of Human Services including state community services and their sub-grantees. In addition, public law and federal regulations set restrictions on the release of confidential information and set guidelines for the disclosure of non-confidential materials.

Confidentiality is the protection of privileged information covering the client, which is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is either confidential in terms of the law, and disclosure could make you liable, or could damage your relationship with the client and make it difficult to help the client.

All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material which is not identified with any individual or family is not classified and may be given to, or provided by agencies, helping organizations, or contracted parties, unless restricted by Oregon statutes, federal regulations, or court orders.

Before you begin your assignment as a volunteer, you should be aware of the laws and penalties of breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty and the agency could refuse to support you in the event of legal action. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment for more than 60 days.

We at HOPE believe that our clients should be treated with dignity, privacy and confidentiality.

**I certify that I have read the above information and understand my duty to abide by the laws and policies regarding client confidentiality.**

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/201\_\_\_\_