

**VOLUNTEER CONFIDENTIALITY STATEMENT & WAIVER**

I, am volunteering my time to work with St. Luke’s

Community House. I understand that in the course of my work with St. Luke’s, I may learn certain information about individuals served by St. Luke’s that is of a highly personal and confidential nature. Examples of such information may include, but are not limited to, medical condition and treatment, history of physical, sexual, and emotional abuse and/ or neglect, finances, living arrangements, or relations with family members. I understand all such information must be treated as completely confidential.

I agree not to disclose any information of a personal and confidential nature to any persons not directly employed by the

agency. I understand that client’s names must never be disclosed either in or out of the agency.

I agree to fully uphold a professional code of ethics which protects information related to clients as privileged and confidential. I understand that any breach of confidentiality may result in disciplinary actions, which could include termination from volunteering with St. Luke’s.

I understand that I am volunteering for activities through St. Luke’s Community House. I understand that as a volunteer I may be involved in activities that have a potential risk of injury. I assume this risk. I agree that I will perform activities that I am comfortable doing and follow all instructions.

I hereby release and discharge St. Luke’s Community House, its community service partners, officers, directors, employees, agents, and volunteers from any claim, demand or cause of action that may be asserted by or on behalf of me as a result of my volunteering for activities through St. Luke’s Community House. I agree to be responsible for my behavior and to indemnify and hold harmless St. Luke’s Community House, its community service partners, officers, directors, employees, agents, and volunteers from any damages or liabilities arising out of my activities as a volunteer through St. Luke’s Community House.

**I grant St. Luke’s Community House the irrevocable right to use photographs and video or audio recordings of me made while volunteering in any medium, without pay.**

**In the event that I cannot show up for my scheduled shift, I agree to notify the Volunteer Program Director and/or will make arrangements for a St. Luke’s-approved substitute to replace me for the shift for which I cannot be present.**

Name (Please print):

Signed:

Date: