

# Volunteer Application and Confidentiality Policy

The Livingston County Health Center  
800 Adam Drive, Chillicothe, MO 64601



**Public Health**  
Prevent. Promote. Protect.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Education:     Elementary             High School or GED             College

1. What types of volunteer work are you interested in doing?

2. What experience or skills do you have to offer as a volunteer?

3. When are you available to volunteer?

Day(s) available:     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

Hours available:         Morning         Afternoon         Evening

4. Is there any health reason that might limit your ability to volunteer:     Yes             No

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

5. Name and phone number of person to contact in case of illness or injury:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Have you ever been convicted of any violation of law other than a minor traffic violation?

Yes     No

7. Are you willing to submit to a criminal background check?     Yes             No

8. Please list two references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

# Volunteer Application and Confidentiality Policy

The Livingston County Health Center  
800 Adam Drive, Chillicothe, MO 64601



**Public Health**  
Prevent. Promote. Protect.

I certify the information provided on the Volunteer Application, to be true and accurate. If, for any reason, this information proves invalid, I understand that my services as a volunteer will no longer be needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***To be completed by a parent or legal guardian if volunteer is under age 18 years of age:***

I give permission for \_\_\_\_\_ to volunteer at the Livingston County Health Center.

Parents/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Application and Confidentiality Policy

The Livingston County Health Center  
800 Adam Drive, Chillicothe, MO 64601



**Public Health**  
Prevent. Promote. Protect.

## Volunteer Confidentiality Policy

A large concern for the Livingston County Health Center (LCHC) clients is the issue of confidentiality. LCHC maintains the policy that ***all information is confidential*** within the programs. This means that all information, communication, and observations made by and between or about clients (both adults and children), LCHC staff and volunteers of those agencies, are to be kept in confidence. If a client wishes a volunteer of an agency to advocate for them, they must sign a written consent prior to such contact.

The ***only exceptions to confidentiality are suicide, homicide, and child abuse***. If a volunteer has any questions regarding child abuse or a client's intent to harm himself/herself or another, the volunteer will discuss the situation immediately with the LCHC staff.

No information regarding clients will be released to anyone outside the program, including the client's family or friends, without the client's written consent.

**FAILURE TO FOLLOW THIS LIVINGSTON COUNTY HEALTH CENTER VOLUNTEER CONFIDENTIALITY POLICY IS GROUNDS FOR IMMEDIATE DISMISSAL.**

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