



VOLUNTEER CONFIDENTIALITY AGREEMENT AND CONTRACT

I acknowledge the importance of strict confidentiality and affirm that I will preserve and protect any private, confidential information given to me or heard by me in my role as a volunteer of Project R.E.S.T. in accordance with agency policy. I will not release any information concerning a survivor of domestic violence or sexual assault. I will refer all requests for information to the appropriate Project R.E.S.T. staff.

I agree to never reveal the exact address or the general location of the Project R.E.S.T. shelter to anyone for any reason at any time. I acknowledge disclosure of the shelter location would put many people in grave danger.

I acknowledge receipt and review of the confidentiality policy of this agency and by signing below indicate an understanding of this policy and agree to adhere to the policy even after I am no longer a volunteer. I understand that any violation of this policy will constitute grounds for termination.

I agree to be on time for my scheduled hours and to give advanced notice to Project R.E.S.T. if I am unable to work due to illness or emergency.

I agree to complete _____ hours of in-service or continuing enrichment training to be classified as an active volunteer. This may consist of reading educational materials, watching videos related to abuse issues or participating in trainings. I will record my hours spent in my ongoing training and turn them in monthly to the volunteer coordinator.

The Volunteer Coordinator is primarily responsible for providing supervision and support to me as a volunteer.

Volunteer Name: (please print) _____

Date: _____

Volunteer Signature: _____

Volunteer Coordinator Signature: _____

Date: _____