

Have you ever been convicted for any crime, including sex-related or child abuse-related offenses? _____ Yes _____ No
(Conviction will not necessarily disqualify an applicant from volunteering.)

If “yes”, please explain: _____

References:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Person we can contact in case of emergency:

Name: _____ **Phone:** _____

Relationship (spouse, child, etc.): _____

I have been given a copy of my Coltrane L.I.F.E. Center volunteer position description, and I understand my duties and responsibilities as a volunteer.

Signature: _____ **Date:** _____

CONFIDENTIALITY AGREEMENT

Coltrane LIFE Center has a legal and ethical responsibility to safeguard the privacy of all customers and participants and to protect the confidentiality of their health information. Additionally, Coltrane LIFE Center must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information. In the course of my employment/assignment at Coltrane LIFE Center, I may come into the possession of confidential information. In addition, my personal access code [user ID(s) and password(s)] used to access computer systems is also an integral aspect of this confidential information. By signing this document, I understand the following:

1. I agree not to disclose or discuss any customer, participant, human resources, payroll, fiscal, research and/or management information with others, including friends or family, who do not have a need-to-know.
2. I agree not to access any information or utilize equipment other than what is required to do my job, even if I don't tell anyone else.
3. I agree not to discuss customer, participant, human resources, payroll, fiscal, research or administrative information where others can overhear the conversation within the Center or away from the Center (including areas such as hallways, the kitchen/staff lounge, at restaurants, at social events, etc.). It is not acceptable to discuss personal or behavioral information in public areas even if a participant's name is not used. This can raise doubts with participants and visitors about our respect for their privacy.
4. I agree not to make inquiries for other personnel who do not have proper authority.
5. I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason (except to the Executive Director or computer support staff).
6. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Coltrane LIFE Center's computer systems to unauthorized locations without permission (such as home).
7. I agree to lock or log off prior to leaving any computer or terminal unattended.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any computer User ID and/or password to be issued to me, this form must be completed. I further understand that computer access activity is subject to audit.

Signature of Volunteer

Date

Print Name: _____