

Senior Nutrition Program Volunteer Registration Form

FOR OCED USE ONLY

Confidentiality Pledge

Training Verification

Authorization & Release (HDM only)

Volunteer information is requested for the senior nutrition program information system. All information is kept confidential. Your emergency contact may be notified in an emergency and contact information may be shared, if necessary. Completing this form means you wish to provide volunteer service as an In-Kind contribution. Thank you for your participation in this program!

PLEASE COMPLETE ALL INFORMATION IN THE BOX

Last Name	First Name	Middle Initial
Street Address	City / /19	Zip Code
Telephone	Date of Birth	
<input type="checkbox"/> On-Site Volunteer	<input type="checkbox"/> Meal Delivery Volunteer <u>(requires a background check)</u>	
Volunteer Signature	Date	Program Site Name
Site Representative Signature	Date	

Demographic Information (not required but useful information that helps with our funders!)

Number in household: _____ Yearly household income (approximate): _____
 Marital status: _____Married _____Divorced _____Widowed _____Single (never married)
 Gender: _____Male _____Female

Race:

Asian/Native Hawaiian/Pacific Islander Multi-racial: Please specify: _____

Are you Hispanic/Latino?

Living Arrangements:

Own home In transition/shelter
 Rent subsidized home (e.g. Section 8) Homeless
 Rent unsubsidized home Living with friends/family

Emergency Information

Emergency Contact Name: _____

Telephone: _____

Relationship: _____



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Confidentiality Pledge

PLEDGE TO SAFEGUARD RESPONDENT CONFIDENTIALITY

I have read the Washtenaw County Volunteer Handbook on Safeguarding Client Confidentiality, and pledge that I will strictly comply with that Policy.

Specifically:

I will not reveal the name, address, telephone number, or other identifying information of any client (or family member of a client or other informant) to any person other than an employee directly connected to the program in which the client is participating.

I will not contact any client (or family member, employer, other person connected to client or informant) except as authorized by the Site Coordinator or authorized designate.

I will not release any documentation (including for unrestricted public use or for other unrestricted uses) except in accordance with authorization, policies and/or procedures established by Washtenaw County Senior Nutrition Program and the Center with which I am affiliated.

I will take all necessary precautions to avoid unintended disclosure of confidential information, including securing of paper and electronic records and computers.

I agree that compliance with this Pledge and the underlying Policy is: 1) a condition of my volunteer employment. I understand that violation of this Policy and Pledge may result in disciplinary action, up to and including termination of volunteer employment or severance of any relationship with Washtenaw County Senior Nutrition Program.

Signature: _____

Typed or printed name: _____ Date: _____