



Project Concern of Cudahy/St. Francis

Annual Confidentiality Agreement

TODAY'S DATE: ____ / ____ / _____

*Project Concern is an equal-opportunity, non-profit organization, and due to the nature of our service, we have both a Confidentiality Policy and a No-Solicitation/Distribution Policy. Please read both policies below and sign and date at the bottom of this page. By signing, you agree, as a volunteer, to abide by these policies.

Confidentiality Policy

Protecting the rights and privacy of our patrons is very important at Project Concern. Please read the policy carefully.

- All organization records, files (including electronic files) and other information contained on our premises are privileged and private, and are not to be accessed, discussed or distributed.
- All patron information must be kept confidential by not discussing or sharing any personal information with anyone, unless a staff supervisor authorizes the access or disclosure of information for official duties only.
- If you know a patron, staff member or volunteer from another organization with a confidentiality policy (i.e., NA, AA, support groups...) you should honor that policy and not disclose that information.
- Do not reproduce or remove any agency files, records, documents (written or electronic) or other information unless you have supervisory authorization.
- Do not approach, acknowledge or engage patrons in conversation or socialization outside of the pantry unless the patron directly engages you first.
- Failure to comply with this policy may result in volunteer dismissal.

No-Solicitation/Distribution Policy

Project Concern has a no-solicitation/distribution policy. This policy prohibits employees and volunteers from engaging in political, religious or similar activity here at the pantry, such as, but not limited to, passing out leaflets, signing recall petitions, nomination papers, etc.

Print Full Name

Signature

Date

Project Concern Volunteer Profile

Thank you for your interest in volunteering with us! Please fill out as much of the information below as you can so we can best utilize your help.

Full Name _____
First Middle Initial Last Preferred Nickname

Current Address _____
Street City Zip

Phone () _____ **Email** _____

Emergency Contact _____
Name Relationship Phone #

***Date of Birth** ____ / ____ / ____ * Background check will be done on all volunteers 18+

Skills & Experience _____

Languages Spoken _____

Desired Position / Role _____

Days and Times Available _____

***Name of company you retired from or currently work for** _____
*Information is used to apply for grants from industry/company foundations such as Johnson Controls, WE Energies and others.

OFFICE USE ONLY:

Date of Background Check _____

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