

Roseville Area Senior Program Volunteer Confidentiality Agreement

Our client's health and safety is the primary concern. We ask volunteers to please observe the following guidelines. This agreement is distributed to all volunteers to protect the welfare of those we serve.

As a Roseville Area Senior Program (RASP) volunteer, I understand and am expected to:

- Be aware of the general mission of the agency. (To promote and provide quality services, education and social programming for older adults who seek to maintain an independent lifestyle and sustain quality lives.)
- Project a positive attitude and be reliable to my volunteer assignment.
- Respect all clients, staff and other volunteers.
- Provide honesty and integrity while working with the Roseville Area Senior Program.
- Adhere to staff directions, guidance and policies.
- Accept all people as individuals and listen to understand.

I realize that it is my responsibility to protect information I may learn or be given by any person with whom I am assigned to work. I will protect names, and all details in strict confidence.

I understand that if I observe or am told of behavior that would indicate that an individual may be a victim of abuse, neglect, or self-neglect to the extent that his or her safety is in danger, I am required to report this immediately to the RASP Coordinator.

I understand that when in the public, I will refrain from giving my personal opinions to the media, press, public audiences, television and/or radio, as they "*may not*" represent the official position of The Roseville Area Senior Program/Roseville Area Schools.

I understand and fully acknowledge that, in volunteering for The Roseville Area Senior Program, I am entering an at-will relationship and that this relationship can be terminated at anytime for *just cause*.

I shall indemnify, defend and hold The Roseville Area Senior Program harmless from any claims, liabilities, losses, demands, costs and expenses of any kind, including reasonable attorney's fees, which The Roseville Area Senior Program/Roseville Area Schools may hereafter incur, sustain or be required to pay by reason of any negligent act or omission or any intentional misconduct by myself.

I understand by signing this agreement, I am confirming that all information I provide is true and complete to the best of my knowledge. I acknowledge that I have read and understand this information and agree to its provisions as stated above.

Volunteer Name

Date

Volunteer Signature

Parent's Signature (if volunteer is under age 18)