

## Polk County Warming Centers Volunteer Agreement

Volunteer Name (Printed): \_\_\_\_\_

Contact Information (Phone and Email): \_\_\_\_\_

### **Expectation:**

**It is essential that Volunteers comply with the procedures of the Polk County Warming Centers.**

Consistency with implementation is critical for guest expectations and volunteer understanding of operational processes. A volunteer may be asked to discontinue their volunteering if they disregard the rules of the Warming Center.

We are bound by the trust people place in us to keep their conversations confidential.

**Persons who violate this trust will not be permitted to continue volunteering.**

The purpose of this policy is:

1. To protect the identity of guests and treat each one with the care and dignity we would want for ourselves.
2. To provide protection and safety for our volunteers.
3. To nurture the commitment of trust among ourselves.
4. To continue the trust and confidence in the Warming Center efforts.

**I Affirm That:** I shall respect the privacy of our guests and hold in confidence all information obtained in the course of volunteering. Therefore, I will not disclose guest confidences to anyone except for the following reasons: a) as mandated by law, b) to prevent clear and immediate danger to a person or persons, c) in the course of my work with the Polk County Warming Centers, with the aim of helping the guest. I shall possess a professional attitude, which upholds confidentiality towards guests, volunteers, and any sensitive situations arising at the Polk County Warming Centers. This Confidentiality Policy applies during and after my participation with the program.

**I Affirm That:** I am applying to perform certain volunteer services related to the Polk County Warming Centers **and will follow the rules of the Warming Center.** I acknowledge that my participation is completely voluntary on my part.

In consideration of my being allowed to participate in this volunteer community service event; I, the undersigned, for myself, my heirs, and assigns hereby release and discharge the Polk County Warming Centers partners, its affiliates, associates, and any participating organizations in the Warming Center for any claims for damages or injury I may incur resulting from my participation in this volunteer community service event. I understand that my indirect or direct participation with the program may involve risk of injury and/or illness.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy & Waiver Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date