



## Volunteer Preferences Form

### Personal Information:

Name: \_\_\_\_\_

Do you prefer to be contacted via email or phone? \_\_\_\_\_

Would you like to contact us for volunteer opportunities, or would you prefer we contact you?

\_\_\_\_\_

### Personal Preferences

Do you smoke?  yes  no

Are you willing to visit someone who smokes?  yes  no

Are you willing to work around pets?  yes  no

Allergy Information \_\_\_\_\_

Do you have any physical conditions that may limit your volunteer activities?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Placement preference:

List any special considerations for your placement (distance from home, preference for age or gender of Chore recipient)

\_\_\_\_\_

\_\_\_\_\_

Tasks I would like to help with:

cleaning  grocery shopping  driving to appointments  small repairs

yardcare  computer tutor  laundry  animal care  organization

reading mail  cooking

I am interested in:  one-time projects  on-going match with same client

Please check all that apply:

I can volunteer:  once a week  more than once a week  every other week

as needed  other

Time/Day      Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun.

**Morning** \_\_\_\_\_

**Afternoon** \_\_\_\_\_

**Evening** \_\_\_\_\_

Length of Commitment you are able to make: \_\_\_1-6 months \_\_\_6-12 months \_\_\_Ongoing  
\_\_\_unsure

**Matching Information:**

General interests, skills, and languages spoken:

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**Background information:**

What concerns, if any, do you have about volunteering with the Chore Program?

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**References:**

Please list three persons we may contact. You may include employers, teachers, religious leaders and personal friends. References remain confidential.

Name	Phone
Name	Phone
Name	Phone

Please return this completed form to:

Volunteer Chore Program  
725 N State St  
Bellingham, WA 98225  
Phone: (360)734-3055 Fax: (360)734-3215  
chore@whatcomvolunteer.org



## Client Confidentiality Policy

**Policy:** Personal information about a chore client may not be disclosed by any person or organization without the informed consent of the client.

**Exception:** The Volunteer Chore Program may disclose information to the Area Agency on Aging (AAA) or Department of Social and Health Services (DSHS) for purposes directly connected with the administration of their programs. Such purposes include but are not limited to: determining eligibility, providing a service to resolve client complaints, and participating in an audit.

**Exception:** The Volunteer Chore Program may disclose information for research, statistical, monitoring, or evaluation purposes conducted by appropriate federal agencies and DSHS. Other entities to which information may be disclosed for the preceding purposes are those agents authorized by DSHS in writing, including AAA's and organizations and/or individuals under contract to the department.

These exceptions do not apply when federal and/or state regulations for a particular program require that informed consent be obtained.

Unless the situation is covered by the above exceptions, personal information may not be released without the informed consent of the client or his/her guardians. To meet the requirements of informed consent, the client or his/her guardian must be fully apprised of:

1. The voluntary nature of the disclosure.
2. The nature and extent of the information being released.
3. The person or organization to whom the information will be released.
4. The purposes for which the information will be used.
5. The effect, if any, on the subject, of not providing all or part of the requested information.
6. Any other facts which, under the circumstances, are necessary to the giving of intelligent consent.

A written release must be used.

All staff (paid or unpaid) of the Volunteer Chore Program, and its' host agency, Whatcom Volunteer Center, are bound to the above policy. Program clients act in good faith, expecting their circumstances and personal matters to remain confidential, and we are obligated by law and ethics to reciprocate.

**Subject to the policy and exceptions noted within this document, the following guidelines have been established in the matter of confidentiality:**

1. Information and details about name-specific client situations may be discussed for program purposes only, i.e. case may be discussed in staff and supervisory meetings in order that service may be more appropriately managed.
2. The file records that are kept on clients should be used only for program purposes. Other agencies requesting the records of given clients should first obtain releases of information from the client. In no case should the records be automatically sent to another person or agency without first receiving a release of information from the client or their legal guardian.
3. Discussing the details of a client outside the program, even though names and addresses are not revealed, could also be considered a breach of confidentiality. That is, one might possibly describe in detail facts about the client and never mention who the person is or allude in any way to names or type of descriptive data, and yet, within the description, reveal enough that the listener might possibly identify the client. If client examples are used for illustrative purposes, care must be taken in sufficiently altering the circumstances of the example to assure that client confidentiality is maintained.
4. The fact that a client situation has been made public by other means (including the news media) does not alter the fact that this person still has confidentiality privileges within the program itself.

The following oath will be signed by each staff (paid and unpaid) of the Whatcom Volunteer Center, and by each staff (paid and unpaid) of the Volunteer Chore Program. This form will be retained in the office of the Whatcom Volunteer Center.

**I UNDERSTAND AND AGREE TO THE ABOVE POLICY AND AM AWARE THAT ANY BREACH OF CONFIDENTIALITY IS GROUNDS FOR IMMEDIATE ACTION BY MY SUPERVISOR.**

Signed \_\_\_\_\_  
Signature of Employee/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

WHATCOM VOLUNTEER CENTER  
725 North State St, Bellingham, WA 98225  
phone (360) 734-3055 fax (360) 734-3215



### Affirmation of Good Moral Character

As an applicant to the Volunteer Chore Program of the Whatcom Volunteer Center, I hereby attest to meeting the requirements of a volunteer: I am of good moral character. I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense listed below. I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition alleging delinquency for any of the following acts. I understand I must acknowledge the existence of any criminal or delinquency record regardless of whether I was adjudged guilty by the court and regardless of whether or not those records have been sealed or expunged.

- |  |                                |
|--|--------------------------------|
| domestic violence  | sexual battery                 |
| murder   | prostitution                   |
| manslaughter   | lewd and lascivious behavior   |
| vehicular homicide   | lewdness and indecent exposure |
| aggravated assault   | arson                          |
| aggravated battery   | robbery                        |
| kidnapping   | incest                         |
| false imprisonment   | aggravated child abuse         |
| sexual performance by a child  | child abuse                    |
| negligent treatment of children  |                                |
| obscene literature   |                                |
| abuse, neglect or exploitation of aged or disabled persons   |                                |
| killing of an unborn child by injury to the mother   |                                |
| assault, if the victim of the offense was a minor  |                                |
| battery, if the victim of the offense was a minor  |                                |
| moving children from the state or concealing children contrary to court order  |                                |
| prohibited acts or persons in familiar or custodial authority  |                                |
| fraudulent sale of controlled substances, only if the offense was a felony   |                                |
| drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor. |                                |

I further attest that I have not been judicially determined to have committed abuse or neglect against a child, or against a frail or elderly adult, as defined in Washington Statutes; nor do I have a confirmed report of abuse, neglect or exploitation which has been uncontested or upheld.

I attest that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

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Affiant

Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

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Affiant

Date