



## **Volunteer Confidentiality Statement / Release Waiver**

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As a **Volunteer**, I will come in contact with residents and their personal information. Federal law requires Men's Shelter of Charlotte to insure confidentiality of any current or former clients, as well as any applicants for our services. Disclosing any and all information about our clients is strictly prohibited. It is necessary you agree to keep any and all information confidential, including identity of any individual within the facility and the fact that he is receiving services. Photography of the clients is prohibited unless the resident signs a release provided by Men's Shelter of Charlotte. I understand and will adhere to the following rule: no weapons, no alcohol or drugs of any kind allowed on Men's Shelter of Charlotte grounds. If there are any questions, please contact the Volunteer Coordinator. I understand that Men's Shelter of Charlotte granted me the opportunity to volunteer my time and that I choose to volunteer at my own will and risk. Men's Shelter of Charlotte is not liable for my safety while I volunteer at Men's Shelter of Charlotte. I agree that I will follow and respect all programs, policies and standards that Men's Shelter of Charlotte has set forth. I understand any violation of said statements, guidelines, boundaries and rules will result in termination as a volunteer. Uptown Shelter has permission to photograph all volunteers performing volunteer duties. By signing this release/waiver you confirm that you as the volunteer understand all statements above and will comply with all regulations set forth by Men's Shelter of Charlotte.

**I have read and agree to the confidentiality statement and release waivers stated above.**

Please print your name legibly, sign your name and date.

Corporate Group or Church Group Name \_\_\_\_\_

College Group Name \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_