

Volunteer Confidentiality Agreement

All client information, activities, conversations, and records must be kept strictly confidential. Any information concerning prospective, current, and past clients may not be released. Client confidentiality always applies and does not end when a client ceases to receive services, or a volunteer ceases to serve.

I agree to always:

- Keep all communications between staff, volunteers, and clients confidential.
- Follow the USDA's non-discrimination policy: In accordance with the Federal Law and US Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public aid program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.
- Serve all clients' needs with compassion, sensitivity and without judgment.

I agree to never:

- Remove any client's information or paperwork from the premises
- Discuss a client's personal situation with anyone
- Record or use any client's information for my own purposes.
- Reveal a client's identity in any way
- Repeat anything a client tells me to anyone not involved in the case management of that client.
- Discuss a client's immigration status with anyone
- Tell a client how to or not to live their life or spend their money.

I have carefully reviewed and agree to abide by the volunteer policies and procedures set forth by Harvest Hope Food Bank as described above. I understand that failure to abide by these policies and procedures may result in termination of my services.

As a Volunteer I may receive food if I meet the criteria for assistance. By signing this form, I agree to abide by the following:

1. I understand that I must follow the same policies and procedures as all other families/individuals seeking food assistance.
2. I understand that I must sign in both as a volunteer and on the Daily Food Issuance Log.
3. I understand that I must complete an application and sign each time I receive food aid.
4. I understand that I will receive the same amount of food as all other clients.
5. I understand that I will not be allowed to go first, and/or skip the line.
6. I understand that I will not be allowed to get extra food items because I volunteer.
7. I understand that I will only be responsible for my household and I will not be allowed to take food for others.

Printed Name of Volunteer

Volunteer Signature

Date _____