

## Volunteer Application

Name: \_\_\_\_\_ Phone:Day \_\_\_\_\_ Night \_\_\_\_\_

Address: \_\_\_\_\_

Please specify days and hours preferred (Saturday hours available only on pre-arranged projects, no Sundays). We need daytime volunteers; evening opportunities are limited.

Mon \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Work experience: \_\_\_\_\_

Previous or present volunteer service: \_\_\_\_\_

**We currently need help sorting & processing mail, answering phones, and in housekeeping.** Suggested Placement: \_\_\_\_\_

### **Volunteer or Organizational Rep. Acknowledgement of CONFIDENTIALITY**

I understand that for the duration of my visit/assignment at the Allentown Rescue Mission I may have access to client information that is considered confidential, both legally and ethically.

I understand that the confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal and State law and regulations which are listed below. I further understand that violation of these laws is a crime that is punishable by a fine.

I understand that the Allentown Rescue Mission has policies and procedures consistent with these laws, which outline authorized and unauthorized disclosure of information and any questions about compliance with these policies and procedures should be referred to a supervisor or the Men's Ministry department.

I shall hold confidential all information covered by these laws and shall not disclose information in an unauthorized manner with any persons outside of the Allentown Rescue Mission. This information may be verbal, written, or included in audio/visual materials. I understand that all outside inquires about a client must be referred to the Men's Ministry Department, without any acknowledgment that an individual is or is not a client.

I shall respect the legal and moral right to privacy to each client and staff member.

By my signature, I acknowledge that I have carefully read and agree to comply with these regulations adopted by the Allentown Rescue Mission and in protection of this right to privacy.

\_\_\_\_\_  
(Signature of Volunteer or Representative)

\_\_\_\_\_  
(Signature of Staff Witness)

\_\_\_\_\_  
(Date of Signatures)

This agreement expires at the end of the current year. Please return to the  
**Allentown Rescue Mission, 355 Hamilton St., P.O Box 748, Allentown, PA 18105**