



Allentown Rescue Mission
 PO Box 748
 355 Hamilton Street
 Allentown, PA 18105-0748

Phone: 610-740-5500
 Fax: 610-740-0646
info@allentownrescuemission.org
www.armpa.org

VOLUNTEER FORM

ANY VOLUNTEER MUST COMPLETE THE FOLLOWING VOLUNTEER RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES OR ANY OTHER OFFSITE LOCATION.

(Please keep a copy of this form within each person's file for future reference)

AGENCY Information				
Agency Name:	Allentown Rescue Mission			
	Street	City	State	Zip
Agency Address:	PO BOX 748, 355 Hamilton Street	Allentown	PA	18105-0748
Personal Information				
Person's Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Person's Phone Number:	(Home): () -	(Work): () -		
	Street	City	State	Zip
Person's Address:				
e-mail address:	_____@_____			
	<input type="checkbox"/> Check here to receive additional information about the Mission and its programs			
	The Mission respects your privacy & will NOT share or sell this information.			

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 Client Services 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 Client Services 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.

RELEASE

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks can not be prevented and I assume those beyond the control of ALLENTOWN RESCUE MISSION faculty and staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that ALLENTOWN RESCUE MISSION does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify ALLENTOWN RESCUE MISSION staff or representative project leader at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY. Parents or guardians must sign if applicant is UNDER 18.

Volunteer Name (print): _____

DATE: _____

Volunteer Signature: _____

DATE: _____

Parent/ Guardian Name (print): _____

DATE: _____

Parent/ Guardian Signature: _____

DATE: _____

(Over)

