

Chatham Council on Aging Volunteer Application

193 Stony Hill Road

Chatham, MA 02633

Volunteer Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Local Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Confidentiality Agreement

As a volunteer fulfilling various assignments for the Chatham Council on Aging, I agree to honor and respect the confidentiality of the members of the Chatham community, staff and volunteers at the Chatham Council on Aging.

I understand that I may become aware of personal information about community members, staff and other volunteers. Confidentiality means others may share information knowing that it will not be released or talked about to anyone else except the appropriate staff or volunteer involved. I will honor the confidentiality of my position as a volunteer, being careful to protect and respect all information I see or hear.

I may talk about my job and about the Chatham Council on Aging and programs in general. However, I will not divulge private or identifying information.

I understand that a breach of confidentiality could result in my dismissal.

My signature confirms my understanding and adherence to this confidentiality agreement.

Name (printed)	
Signature	
Date	

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CORI Date:	
Interview Date:	
MSC Entry:	