

VOLUNTEER GROUP APPLICATION AND REGISTRATION

Name of Group		Date
Group Representative Name	Address	Phone
Assignment		

Please check time available to volunteer:

- Weekly Monthly Seasonally Anytime
 Mornings Afternoons Evenings Weekends
 Occasionally on request

The Department of Human Services will consider this application without regard to race, color, national origin, sex, religion, age, creed, physical or mental disability, or political belief.

Liability

Volunteers are entitled to liability protection on the same basis as State employees under Iowa Code Chapter 25A. This protection is not, in all instances, complete. If you should have any questions, please contact either the State Volunteer Program Director or the Attorney General's Office.

Confidentiality

I understand the records and information to which I have access as a Department of Human Services volunteer are confidential. This confidentiality is protected by law. My signature on this form will certify that this information has been explained to all members of my group. Further, my signature will constitute an agreement between my group and the Department that the members of my group promise not to discuss any confidential information including, but not limited to, any description of situations, as well as names of patients, clients or residents with whom we work.

I also understand that my signature will signify a promise to share pertinent and confidential information only in the context of a work situation and only with persons working with the Department of Human Services.

I further understand that breach of this confidence is a violation of the criminal law and reason for immediate termination of the group's volunteer services with the Department of Human Services. It may lead both to a criminal prosecution against the group and to a civil damage action in which the group would not have the protection of the provisions of Iowa Code Chapter 25A.

As group representative, I will be responsible for insuring that group members be made aware of the policies and procedures of this institution or district and confidentiality regulations. I will secure their commitment to abide by these regulations.

Signature of Group Representative

Date