

Iowa Department of Human Services

VOLUNTEER REGISTRATION

Name (Please print)

Your signature on this form indicates that you understand and agree to comply with the conditions stated on this form and the application.

Your service as a volunteer for the Department of Human Services is greatly appreciated. In case of emergency whom may we call?

Name (Please print)

Phone

Confidentiality

I understand that the records and information to which I will have access as a DHS volunteer are confidential and are protected by law. My signature certifies that this information has been explained to me. I agree not to discuss any confidential information including but not limited to any descriptions of situations as well as names of patients, clients or residents with whom I work. I understand that even when I am no longer a volunteer for the department, the information I learned as a volunteer must continue to be kept confidential.

My signature indicates that I promise to share pertinent and confidential information only in the context of a work situation and only with appropriate department personnel.

I understand that breach of this confidence is a violation of the criminal law and reason for immediate termination and that breach of this confidence may lead both to a criminal prosecution against me and to a civil damage action in which I would not have the protection of the provisions of Chapter 25A.

Other Provisions

I have read the application form and understand that:

- ° The state does not carry medical insurance covering volunteers.
- ° The state does not carry automobile insurance on volunteer's cars.
- ° Liability protection under Iowa Code Chapter 25a is given to volunteers.

Volunteer's Signature

Date

In case of volunteer who is a minor:

I give my permission for my child to do volunteer work for the Department of Human Services.

Parent/Guardian's Signature

Date

Worker's Signature

Date