

Volunteer Application and Confidentiality Policy

The Livingston County Health Center
800 Adam Drive, Chillicothe, MO 64601



Public Health
Prevent. Promote. Protect.

Name _____ Birth Date _____ Sex _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Occupation _____ Employer _____

Education: Elementary High School or GED College

1. What types of volunteer work are you interested in doing?

2. What experience or skills do you have to offer as a volunteer?

3. When are you available to volunteer?

Day(s) available: Monday Tuesday Wednesday Thursday Friday Saturday

Hours available: Morning Afternoon Evening

4. Is there any health reason that might limit your ability to volunteer: Yes No

If yes, please explain _____

5. Name and phone number of person to contact in case of illness or injury:

Name: _____ Phone: _____ Relationship: _____

6. Have you ever been convicted of any violation of law other than a minor traffic violation?

Yes No

7. Are you willing to submit to a criminal background check? Yes No

8. Please list two references:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

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I certify the information provided on the Volunteer Application, to be true and accurate. If, for any reason, this information proves invalid, I understand that my services as a volunteer will no longer be needed.

Signature _____ Date _____

To be completed by a parent or legal guardian if volunteer is under age 18 years of age:

I give permission for _____ to volunteer at the Livingston County Health Center.

Parents/guardian signature _____ Date _____

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Volunteer Confidentiality Policy

A large concern for the Livingston County Health Center (LCHC) clients is the issue of confidentiality. LCHC maintains the policy that ***all information is confidential*** within the programs. This means that all information, communication, and observations made by and between or about clients (both adults and children), LCHC staff and volunteers of those agencies, are to be kept in confidence. If a client wishes a volunteer of an agency to advocate for them, they must sign a written consent prior to such contact.

The ***only exceptions to confidentiality are suicide, homicide, and child abuse***. If a volunteer has any questions regarding child abuse or a client's intent to harm himself/herself or another, the volunteer will discuss the situation immediately with the LCHC staff.

No information regarding clients will be released to anyone outside the program, including the client's family or friends, without the client's written consent.

FAILURE TO FOLLOW THIS LIVINGSTON COUNTY HEALTH CENTER VOLUNTEER CONFIDENTIALITY POLICY IS GROUNDS FOR IMMEDIATE DISMISSAL.

Volunteer Signature _____ Date _____