
Last Name

First Name

Middle Initial

Group Volunteer Profile Page

Name of Volunteer Group:

(Attach ID and make copy here)



1. Have you ever been convicted of a crime? Yes No If yes, please explain

2. Do you have any prior or present experience in working with children who are victims of abuse, abandonment, or neglect? Yes No If so, please explain

3. Would you consider becoming a regular volunteer once your group has completed their service with our agency? Yes No If Yes, is it ok for the Volunteer Coordinator to contact you concerning training and other volunteer duties? Yes No

Volunteer Confidentiality Agreement

In your volunteer work with Helping Hand, Inc. you will have access to information that is considered confidential. The clients that we serve often share personal information about their families and themselves. Because you are bound by state laws regarding confidentiality, you are not permitted to discuss this information or share client identities with anyone. The only exception is reports of suspected child abuse. We are relying on your cooperation in this matter because we consider you a member of our professional team. Failure to observe this policy will result in immediate termination of your services with Helping Hands, Inc.

By signing this agreement, I understand that I am legally and morally bound to maintain strict confidentiality as outlined in the South Carolina Code of Laws, Section 20-7-690.

Signature

Date