



HOPE CENTER

Volunteer Information & Confidentiality Agreement Form

VOLUNTEER INFORMATION

Full Name: _____

Date: _____

Phone: _____

Email: _____

Organization/Group (if applicable): _____

Preferred Contact: ☐ Phone ☐ Email ☐ Text

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

VOLUNTEER AVAILABILITY

General Availability - check all that apply: ☐ Morning ☐ Afternoon ☐ Full Day ☐ Weekdays ☐ Occasional/As Needed

Preferred day(s) or schedule, if any: _____

VOLUNTEER EXPECTATIONS

As a Hope Center volunteer, I understand and agree that I will:

- Follow Hope Center procedures, posted guidance, and instructions provided by Housing Partners staff.
- Treat clients, donors, staff, and other volunteers with dignity, courtesy, and respect.
- Use established forms and guidelines rather than independently interpreting eligibility or program rules.
- Accurately complete required inventory, intake, outtake, and other records assigned to me.
- Ask Housing Partners staff for guidance whenever I am uncertain how to handle a situation.
- Protect client privacy and comply with the Confidentiality and Non-Disclosure Agreement attached.
- Immediately report safety concerns, incidents, injuries, suspected misconduct, or confidentiality concerns to Housing Partners staff.
- I understand that Housing Partners of Western Nebraska is not liable for any injuries I may sustain while volunteering at the Hope Center.

Volunteer Status. I understand that I am serving voluntarily and am not an employee of Housing Partners of Western Nebraska. I am not entitled to wages or employee benefits for volunteer service.

CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT (NDA)

Because Hope Center volunteers may see or hear private information about clients, applicants, donors, staff, community partners, or Housing Partners operations, confidentiality is a condition of volunteer service.

1. Confidential Information. Confidential information includes any nonpublic information learned, seen, heard, received, or accessed through volunteer service. Examples include client names, addresses, phone numbers, household information, homelessness or housing circumstances, referral information, demographic information, disability or veteran information, domestic violence or safety information, documents, records, computer data, donor information, staff information, internal procedures, and any other information that a reasonable person would understand to be private or confidential.

2. Duty to Protect Confidentiality. I will keep confidential information private and will use it only as necessary to perform my assigned Hope Center volunteer duties. I will not discuss confidential information with family, friends, other clients, unauthorized volunteers, community members, or any other person who does not have an authorized need to know.

3. Records, Photographs, and Electronic Information. I will not photograph, copy, remove, forward, post, text, email, upload, or otherwise share confidential information or Hope Center records unless specifically authorized by Housing Partners staff. I will not photograph or record clients at the Hope Center for personal or social media use.

4. Limited Access. I will access only the information and records necessary for my assigned duties. I will not search for, review, or attempt to obtain information about a client or other person out of curiosity or for personal reasons.

5. Conversations and Public Areas. I will use reasonable care when discussing necessary client information so that conversations cannot be overheard by people who do not need the information. I will not discuss client situations in public places or outside my volunteer responsibilities.

6. Safety-Sensitive Information. I understand that some records may involve domestic violence, stalking, sexual assault, or other dangerous or life-threatening circumstances. I will not disclose a person's location, contact information, circumstances, or other safety-sensitive information except as directed by authorized Housing Partners staff.

7. Suspected Disclosure or Loss. If I accidentally disclose confidential information, lose a document, send information to the wrong person, observe unauthorized access, or become aware of another confidentiality concern, I will report it to Housing Partners staff immediately and will cooperate with any steps necessary to protect the affected information.

8. Return of Information. At the end of a shift or upon request, I will return all Hope Center documents, notes, keys, materials, and other information in my possession. I will not retain personal copies of client or program records.

9. Continuing Obligation. My duty to protect confidential information continues after my volunteer service ends. I understand that a violation of this agreement may result in the immediate end of my volunteer service and may be reported or addressed as required by applicable law or Housing Partners policy.

ACKNOWLEDGMENT

I have read and understand this Volunteer Form and Confidentiality & Non-Disclosure Agreement. I agree to follow Hope Center procedures and protect confidential information as described above. I understand that I should ask Housing Partners staff if I am unsure whether information may be shared.

Volunteer Signature: _____

Date: _____

Printed Name: _____

Housing Partners Staff Signature: _____