



## *Stettler Hospice Society*

### **Volunteer Confidentiality Form**

I, the undersigned \_\_\_\_\_ (name of volunteer) agree that I will hold in confidence the identities of persons utilizing the services of the Stettler Hospice Society, their client records and will divulge such information orally or in writing, only to those hospice society volunteers or staff as authorized by the Stettler Hospice Society whose duties require them to have a "need to know". In the absence of consent, information will not be disseminated to non-Hospice Society volunteers and staff.

I further agree to conform to the best of my ability to the Stettler Hospice Society requirements respecting the marking, control, transmission, reproduction, handling, storage and destruction of records and information.

I acknowledge that in the event of my breach of this Confidentiality Agreement, the Society and other third parties may have a claim (for damages) against me. As well, I acknowledge the Freedom of Information Protection Act and give permission for my name, phone number, and/or email address to be included with volunteer phone and email lists for the purpose of contact in order to be kept up to date with volunteer events and/or information (eg. Change of venue, schedules, meetings, etc.)

I agree to allow the Stettler Hospice Society to photograph me and allow reproduction of such photographs to further the mission of the society.

Email: \_\_\_\_\_

Contact #: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SHS Representative Signature

\_\_\_\_\_  
Date