



Volunteer Application - Hypothermia

10640 Page Ave., Suite 300, Fairfax, VA 22030 • 703-352-5090 • 703-352-5088 (fax) • volunteer@facetscares.org

Please type or print clearly, and answer all questions as completely as possible. All information you provide will remain confidential. Thank you for your interest in volunteering with FACETS.

Contact Information

Name: _____
 (Last) (First) (Nickname) (Middle Initial)

Address: _____
 (Street Number) (City) (State) (Zip Code)

Phone: _____
 (Home) (Work) (Cell)

E-mail Address: _____ **Date of Birth:** _____

*Please indicate your preferred method of contact or the best way to reach you by checking the appropriate box/es.

Emergency Contact Information

Name: _____
 (Last) (First) (Middle Initial)

Phone: _____
 (Home) (Work) (Cell)

Relationship to you: _____

Work/School Background

Name of Current Employer or School: _____

Address: _____
 (Street Number) (City) (State) (Zip Code)

Educational Background: Middle School High School College Post Graduate

Year in School or Degree Awarded: _____

Faith Community

Name of Current Faith Community: _____

Address: _____
 (Street Number) (City) (State) (Zip Code)

Pledge of Confidentiality

FACETS provides a wide range of services to children and families. As a volunteer you play an integral role in the quality of service FACETS' clients receive. It is essential for you to understand that any and all names you may see or hear during your volunteer work, as well as any written material or correspondence or discussions regarding clients, are to be treated as confidential information. "Confidential" means that any information you receive about specific clients in verbal or written form is not to be discussed or shared outside of FACETS.

Our clients expect and deserve this confidentiality. We promise them the highest level of privacy as determined by FACETS' policies and by state and federal laws. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of a client's name in publications. This pledge of confidentiality applies even after you and/or the client are no longer associated with FACETS.

The Code of Virginia states that it is unlawful for any person or association to use any names or list of names obtained directly or indirectly through access to clients records for purposes other than those intended by the organization or to divulge the name of any person receiving public assistance, and any person violating these provisions shall be guilty of a misdemeanor and punished accordingly. In addition, any person or agency that fails to comply with the provision of The Privacy Protection Act will be liable for the costs of the action together with reasonable attorney fees as determined by the Court.

Limits of Confidentiality

*Information including photos, videos, film, or a client's name can only be shared if the client or client guardian, for clients under 18, has signed an authorized "consent to release information" form and it is appropriately signed by the volunteer and FACETS' program supervisor.

*Suspected abuse (child or adult) needs to be immediately reported to the FACETS' program supervisor, and if there is sufficient reason to believe there is a threat of imminent danger, you should contact Adult Protective Services (703-324-7450) or Child Protective Services (703-324-7400) and the police. If you contact these agencies, leave a message for the program supervisor.

*If a volunteer receives information indicating that a client may be a danger to himself or herself or to others, the information needs to be immediately shared with the FACETS' program supervisor and, if the situation has reached an emergency level, reported to the police.

Photography Release

I hereby irrevocably consent to and authorize FACETS or anyone authorized by FACETS to use and reproduce my personal story and/or quotes, my photograph or likeness in video or my child's photograph or likeness in video in digital, print or video format for any purpose whatsoever, including but not limited to printed marketing materials, magazines, newspapers, televised broadcasts, and on the Internet, without compensation to me. I waive the right to inspect or approve the finished version of such use. All copies, masters, negatives, positives, together with the release proofs shall constitute FACETS' property, solely and completely.

I have read and understand the above document that states FACETS' policy regarding confidentiality of clients. I agree to abide by the terms of this document during and after my service as a FACETS' volunteer.

Printed Name

Signature

Date