



VOLUNTEER PARTICIPATION AND CONFIDENTIALITY AGREEMENT

VOLUNTEER SERVICES



PROJECT/EVENT INFORMATION

Project Name: _____ Project Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email _____ Birthdate _____

VOLUNTEER PARTICIPATION AND CONFIDENTIALITY AGREEMENT

This agreement is effective as of the _____ day of _____, _____, by and between the Town of Danville and _____, volunteer member of the Town of Danville.

I, _____, understand that while working as a volunteer for Town of Danville Volunteer Services, I am to follow the directions provided by my supervisor for the job for which I have volunteered. So long as I follow those directions, I understand that I will be covered by the Town’s liability insurance. I also understand that this volunteer assignment may be cancelled at any time by the Town.

I certify that I am applying for or I am currently a member of the Volunteer Services programs managed by the Town of Danville.

I understand that the Town of Danville maintains large amounts of information that is considered confidential. I understand that as a volunteer, I may be trusted with access to this confidential information and that it is my responsibility to safeguard that information. “Information,” for the purpose of this agreement, shall include all of the oral or written data, telephone encounters, computer data, reports, records or materials obtained by the Town of Danville. “Confidential information,” for the context of this agreement, includes all items of information for which unauthorized disclosure could be detrimental to the interests of the Town of Danville, whether or not the information has been specifically classified as being confidential by the Town of Danville.

I realize that in the course of my work I may be exposed to names, addresses, and other confidential information maintained by the Town of Danville for its volunteers, its employees, and the members of the communities that it serves. I understand that the release of certain information without authorization may

carry both civil and criminal penalties as well as release from any Town of Danville Volunteer Services programs.

I understand that I am not to share confidential information with anyone outside of the Town of Danville, to include family and friends, and that confidential information will only be shared with those members of the Town of Danville who have a need to know information to carry out their duties.

I understand that my obligation to keep information confidential continues even when I am no longer volunteering for the Town of Danville.

As a Town volunteer, I am covered under Worker's Compensation for any injury or illness related to my job. My supervisor will provide me with the necessary information regarding how to report an injury, how to get medical care, and more information about my rights.

I further understand that photographs and video may be taken of me during said volunteer assignment and that these photographs and video may be used for Town of Danville publicity purposes.

I understand that the Town may conduct a driving record and criminal background check as part of the volunteer application process. This form serves as my authorization for the Town to perform this check.

Yes No I have been convicted of a crime, including military offense, other than minor traffic offenses, which resulted in imprisonment. (Please check the appropriate response – if yes, provide details on a separate sheet).

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18)

Emergency Contact Name: _____ Phone: _____

For Office Use Only

Date Received: _____ Staff Name: _____

Please return this signed form to Volunteer Services, 420 Front Street, Danville, CA 94526.

If you would like a copy for your records, please make or request one.