

Britepaths

Volunteer Application Form

Date	
Name	Home Phone
Address	Work Phone
City, State and Zip	Cell Phone
Email	
Emergency Contact	Phone
Birthday	
Availability for volunteer services	
Availability during office hours (M-F, 1	0 am – 3 pm)?
What days during week?	
What type of volunteer work are you interest	sted in most?
Translating/Interpreting	what language(s)?
Office Assistance	
List any technical/academic/job/language sk	cills or interests you have:
How did you hear about our program (Briter	paths webpage, Volunteer Fairfax, Volunteer Match, Facebook, o

1.	Name	Phone
	Relationship	
2.	Name	Phone
	Relationship	
3.	Name	Phone
	Relationship	

In completing this application for becoming a volunteer, I understand that I am not an agent or employee of Britepaths, and I further understand that this form is not an application for employment. In completing this application to be a volunteer, I authorize release of information for Britepaths to obtain criminal and reference checks for the position(s) for which I am applying. I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for dismissal.

Date _____

Signature

Please Mail, Fax, or Email to:

Britepaths 3959 Pender Dr., Suite 200, Fairfax, VA 22030 703.273.8829 - Fax 703.273.7131 jwalton@Britepaths.org

Pledge of Confidentiality

Britepaths provides a wide range of services to children and families. As a volunteer you play an integral role in the quality of service Britepaths' 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. "Confidential" means that any information you receive about specific clients in verbal or written form is not to be discussed or shared outside of Britepaths.

Our clients expect and deserve this confidentiality. We promise them the highest level of privacy as determined by Britepaths policies and by state and federal laws. The right to confidentiality applies not only to written record, 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 Britepaths.

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, 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.

I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have taken for Britepaths, for any purpose whatsoever, without compensation to me. All copies, masters, negatives, positives, together with the release proofs shall constitute Britepaths' property, solely, and completely.

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 Britepaths' program supervisor.
- Suspected child abuse needs to be reported to at least the Britepaths' program supervisor. If the volunteer has sufficient reason to believe that the child is in imminent danger, he or she should contact the Child Protective Services Hotline at 703-324-7400 and the police immediately and 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 shared with the Britepaths programs supervisor and, if the situation has reached an emergency level, reported to the police.

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

Volunteer's signature

Date