

CONFIDENTIALITY FORM

I, (Print Name) _____ have agreed to volunteer my services to support the programs run by Community Action Southold Town, (CAST). I have made an agreement with the Director, Cathy Demeroto, to assist as she has requested and as we have agreed. I understand that CAST serves many families in our community with varied services for needs and also for advocacy at their request. If I am in the presence of CAST clients when I am volunteering, I understand that I am bound by a rule of confidentiality that is part of this organization. I must not speak about people who are clients or volunteers here and repeat their names, concerns or needs to anyone else in this community. Everyone who comes here is protected by this privilege.

I agree to this request to maintain confidentiality.

Signature: _____

Print Name: _____

Date: _____

Witness: _____

Volunteer Waiver and Release Form

Volunteer Name: _____

Check here if Volunteer is under age 18 ()

Contact E-mail (required): _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Phone: _____

Emergency Contact: _____

Name: _____

Relationship to Participant: _____

Phone Number: _____