



# AFFEC Volunteer Statement of Understanding and Confidentiality

*Initial each agreement point below and return completed form.*

<b>Confidentiality and Privacy Policies</b>	Initial Here
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I understand that, as an AFFEC volunteer, I am subject to the same rules and laws of confidentiality that apply to paid staff. I agree to keep confidential any and all information concerning all persons served by AFFEC, including children birth parents, and prospective adopting parents, and including all DHS clients. I will not divulge to any outside person or agency any confidential information about any such person, unless I am specifically authorized to do so by AFFEC. "Confidential information" includes, among other things: (1) the name, address, photo, or other identifying information about such persons; (2) the fact that such person is working with AFFEC; (3) any information contained in such person's file; and (4) any financial, medical, marital, or health information about such person. I understand that I must keep this information confidential at all times and even after my period of volunteer service ends.

I further agree to act in a responsible and professional manner when providing services to clients in an AFFEC program, and agree to adhere to the policies governing ethics and conduct of AFFEC and the State of Oregon.

*All records dealing with specific clients must be treated as confidential. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty and the agency could refuse to support you in the event of legal action. Violation of Oregon Revised Statute regarding confidentiality of records is punishable upon conviction of a fine of not more than \$1000 or by imprisonment in the county jail for not more than 60 days, or both.*

<b>Reporting Requirements</b>	Initial Here
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I understand that I am required to keep track of my hours of service. A time sheet will be submitted to the AFFEC/Program Director each month.

<b>Conflict of Interest</b>	Initial Here
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If at any time I become aware of a conflict of interest, including knowledge of any persons I may know who are involved in a case that may be assigned to me, I will notify the Director of AFFEC/Program Director immediately.

As an AFFEC volunteer, I shall not take any action that would result in personal financial benefit. I will not ask for or receive for myself or for any member of my household, directly or indirectly, any monies or gifts from clients.

I agree to not use any information gathered or shown for my own personal benefit. I understand that all information is privileged and confidential and agree to treat it as such; not using anything for personal gain. I understand that I will be given access to AFFEC's database that carries case related information as well as child listings and again agree to not use for personal gain, i.e., my own child searches. Evidence of such will be grounds for immediate dismissal.

Further, I understand that volunteer, work experience, intern and practicum service does not in any way assure me of any future position as an employee of AFFEC or DHS, nor does it entitle me to any benefits of regular employment, such as salary, medical or dental insurance or any other incident of regular employment.

<b>Personal Professionalism</b>	Initial Here
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I agree to attend orientation and training sessions and meetings as required. High ethical standards are essential to the maintenance of public trust and confidence in our program. Volunteers shall therefore maintain a professional standard of conduct and shall not engage in conduct that would bring discredit upon the AFFEC or DHS.

<b>Mandatory Abuse Reporting</b>	Initial Here
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As Agents of the State, volunteers must, by law, report any suspected child and elder abuse. Anyone making such reports in good faith shall have immunity from any liability, civil or criminal.

*I understand that the A Family for Every Child may terminate or modify the terms of this work agreement at any time. My signature below certifies that I have read and understand all information presented in the agreement points presented in this document. I understand that my duty as an agent of AFFEC and DHS is to abide by the laws of Oregon and policies of both agencies, including preservation of confidential information, including PHI (Protected Health Information).*

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Volunteer's Signature

\_\_\_\_\_  
Date

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AFFEC Director's Signature

\_\_\_\_\_  
Date