



AFFEC Volunteer Statement of Understanding and Confidentiality

Initial each agreement point below and return completed form.

Confidentiality and Privacy Policies	Initial Here
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I understand that I will be subject to the same rules of confidentiality that apply to paid staff members. I agree to keep confidential any information concerning DHS clients, their families or associates, and will not divulge any information from a client's file, grievance or any other confidential source to any outside person or agency during or after my period of volunteer service unless authorized to do so. I agree to act in a responsible and professional manner when providing services to the program and agree to adhere to the policies governing ethics and conduct of 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.

Reporting Requirements	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.

Conflict of Interest	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.

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.

Personal Professionalism	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.

Mandatory Abuse Reporting	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).

Volunteer's Signature

Date

AFFEC Director's Signature

Date