Catholic Charities

Special Event Volunteer Contact Sheet

Event/Activity: _____

Location: _____ Date: _____

Associated Program: _____

Name: _____

Affiliated Business / School / Group / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Information / Health Notes / Comments: _____

_____

☐ Please check here if you would like to be notified of future volunteering opportunities!

In my work as a volunteer, I hereby consent to and authorize the use of my image (Name) _____

_____

by Catholic Charities Maine, its offices, programs and services or anyone authorized by that agency, for the positive promotion of Catholic Charities Maine, its mission, development and social services, through various media, including, but not limited to, the internet, web sites, telecommunications, electronic and printed material. All negatives and positives, together with prints, videos, disks and film shall constitute the property of Catholic Charities Maine, solely and completely.

I also authorize the use of my name and statements made by me this day in connection with the photography/filming done and/or interview conducted.

I have received a copy of, read and had questions answered regarding Catholic Charities Maine Volunteer Handbook. I will act in accordance with the policies and procedures outlined in this document while volunteering at Catholic Charities Maine.

Name (print): _____

Signature: _____

Date: _____

Program Staff: Please return this completed form to VOLUNTEER SERVICES at volunteerinfo@ccmaine.org

Catholic Charities

CATHOLIC CHARITIES MAINE

P. O. Box 10660
Portland, ME 04104

CONFIDENTIALITY AGREEMENT

I recognize and acknowledge that the services that Catholic Charities Maine performs for its consumers are confidential. I, _____, by reason of my work or volunteer activities or by my presence at Catholic Charities Maine, may come into possession of protected health information (PHI) concerning the services performed by Catholic Charities Maine for its consumers, even though I do not take any direct part in or furnish the services performed for those consumers. I agree that I will not at any time during or after becoming aware of the nature of any treatment services provided to consumers (i.e. via access to these medical records containing PHI or knowledge gained by my presence at the program), disclose (which could mean giving someone records, or talking with someone) any such provided services or PHI to any person or entity whatsoever, or other privileged information prepared that is not needed for consumer treatment, payment, or health care operations for Catholic Charities Maine. I understand that the use or disclosure of such information may give rise to injury to the consumer or to Catholic Charities Maine, and may violate state and federal confidentiality provisions.

I recognize and acknowledge that although the information contained in the medical record (PHI) can only be disclosed by the consumer or his/her legal guardian, that the medical record (PHI) is the property of Catholic Charities Maine; that no original medical records or portions of a medical record, shall be removed from Catholic Charities Maine for any reason, and that I will keep no negatives, use no microfilm, or keep or sell any photocopies or computer disks to any second parties.

I acknowledge that in receiving, storing, processing or otherwise dealing with any consumer medical records or treatment information (PHI) from Catholic Charities Maine, I am fully bound by HIPAA federal regulations (45 CFR Sections 160 and 164); by 42 CFR Part 2 et seq., "Confidentiality of Alcohol and Drug Abuse Patient Records"; and by Maine State law and any other applicable federal law.

I, _____, employed or working or volunteering as a

_____ have read all of the above sections of this

Agreement, and I fully understand and shall comply with them. I understand that failure to

comply may lead to sanctions.

_____ _____
SIGNATURE DATE

_____ _____
Staff Witness Date

Volunteer Hours

Month: _____ **Program:** _____

LAST NAME	FIRST NAME	NEW	ONE-TIME	HOURS	PROGRAM ACTIVITY/ COMMITTEE	NOTES
	Total Hours			**0.00**		