



CATHOLIC CHARITIES

Diocese of Arlington

Name of School/Organization: _____

Address: _____ Phone Number: _____

Name of Coordinator: _____ Birthdate: _____

Home Address: _____ Phone Number: _____

E-mail address: _____ Cellphone Number: _____

Other Contact Person:

Name	Phone Number	E-mail Address
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Client Confidentiality

Catholic Charities respects the rights of and adheres to the privileges of client confidentiality. I understand that the receipt, use and release of information about Catholic Charities clients is permitted only with the written consent of the client, or the client's legal guardian, except where prohibited by law, e.g. VA Criminal History Record. I further understand that all information provided by the client to myself or Catholic Charities, or received about the client from a third party, is confidential in nature and is not subject to disclosure to any third party unless authorized by that client in writing. Written authorization must define the parameters of what information may be provided, to whom it may be provided and for what purpose, and signed by the client. Unless otherwise specified, the release will expire after one year.

Code of Ethics and Appropriate Conduct

I understand that I am volunteering for a Catholic organization and as such, I agree that while volunteering at Catholic Charities I will adhere to the tenets and moral and ethical standards of the Roman Catholic Church.

I understand and agree to the policies as written above:

Signature of Volunteer

Printed name of Volunteer

Date

