

DOES NOT PERTAIN TO MEDICAL RECORDS – FAITH IN ACTION INFORMATION ONLY.
Authorizations may be revoked at any time by written request.



Faith in Action for Cass County
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A copy of this form can be provided to you upon request.

VOLUNTEER AUTHORIZATION TO RELEASE INFORMATION

Faith in Action for Cass County is a non-profit program that provides volunteer support to older and disabled adults, and others in difficult circumstances. In order to provide this support, certain information must be collected about individuals volunteering through the program. This information will be kept confidential, and released only to those individuals or agencies who have a "need to know" the information.

Your name only will be given to the care receivers you serve. Typically, your information may be released to members of the Board of Directors who are responsible for overseeing the program, to administrative staff who are responsible for daily operations of the program, to health or social service agencies who coordinate services for an individual, or to funding agencies who collect information on the service provided through grants or other donations. Your contact information *may* be released to other volunteers who provide support to an individual with whom you have agreed to work.

By signing below, I hereby authorize Faith in Action for Cass County to release information as described above and only on a "need to know" basis.

Promotion/Media Authorization By signing below, I also authorize the use of my name, community name, and a description of the assistance provided through Faith in Action, and/or any photographs of me, or the assistance provided by me, in any public promotion of the program including media release in print or on the internet.

Signature

Date

VOLUNTEER STATEMENT OF CONFIDENTIALITY

I have been informed that as a volunteer with the Faith In Action I may have access to specific information regarding persons served, employees, board members, volunteers, donors, and/or financial information. I understand that it is the policy of Faith In Action that I, as a volunteer, must regard all of the information as CONFIDENTIAL. I further understand that "confidential" means that information regarding persons served, staff, board members, volunteers or finances learned through the performance of my official duties shall NOT BE DISCUSSED with any other person in or out of the program except in the performance of my official duties on behalf of the agency. I understand that all persons who receive services from Faith In Action expect this confidentiality. I will uphold the same level of confidentiality that I would want for myself.

Discussed and signed: _____

Volunteer Signature

_____ Date