

# OCCOA Volunteer Consent and Confidentiality Statement

I volunteer my services for the Otsego County Commission on Aging (OCCOA) and understand that I am not an employee.

**I hereby agree to regard all information received in the performance of my volunteer work as confidential. I further agree to respect individual rights to privacy, as well as those of the families and the facility for whom I am volunteering.**

I understand that OCCOA will respect my rights with regard to privacy of information. OCCOA agrees to respect those rights in the performance of my volunteer duties and keep a “professional” confidentiality in all my statements outside the facility.

I hereby consent to the use of my name and/or photograph by OCCOA in any media (newspapers, publications, PowerPoint presentations, advertising, promotional materials, etc.) and in exhibits. (Please initial here \_\_\_ if you **do not** consent.)

I hereby agree to follow any training or written job procedures provided to me in the performance of my volunteer work for OCCOA and agree to notify OCCOA’s volunteer coordinator with any questions or concerns I might have.

I also agree to contact the OCCOA volunteer coordinator as soon as possible if I am unable to report for my volunteer job.

I hereby agree to notify OCCOA’s volunteer coordinator if I am injured while performing volunteer work for OCCOA. I also agree to provide the details of any injuries for required OCCOA accident reports.

I understand that I must sign my name and list my time on OCCOA Volunteer Sign-In Sheets found in OCCOA facilities at which I am volunteering. If I am a volunteer registered with RSVP or the Volunteer Center, I understand that this information will be shared with them.

I understand that if I use my personal vehicle in my volunteer services, I will keep in effect automobile liability insurance equal to or greater than the minimum limits required by the State of Michigan.

I understand that OCCOA may conduct reference checks regarding my background and history if deemed necessary. I understand that all the information provided/obtained will be kept strictly confidential.

I agree that I will not solicit contributions from OCCOA clients or program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any OCCOA client or program participant.

\_\_\_\_\_  
Volunteer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OCCOA Volunteer Coordinator’s Signature  
(Contact at (989) 732-1122 or eileen@occoaonline.org)

\_\_\_\_\_  
Date