

# **SAFE HOMES-RAPE CRISIS COALITION**

## **CONFIDENTIALITY AGREEMENT AND**

### **VOLUNTEER CONTRACT**

I acknowledge the importance of strict confidentiality and affirm that I will preserve and protect any private, confidential information given to me or heard by me in my role as a volunteer of SAFE-Homes Rape Crisis Coalition in accordance with the agency policy. I will not release any information concerning a survivor of domestic violence or sexual assault. I will refer all requests for information to the appropriate SH-RCC staff.

I agree to never reveal the exact address or the general location of the SH-RCC shelter to anyone for any reason at any time. I acknowledge disclosure of the shelter location would put many people in grave danger.

I acknowledge receipt and review of the confidentiality policy of this agency and by signing below indicate an understanding of this policy and agree to adhere to the policy even after I am no longer a volunteer. I further understand that any violation of this policy will constitute grounds for termination.

I agree to be on time for my scheduled hours and to give advanced notice to SH-RCC if I am unable to work due to illness or emergency.

I agree to complete 8 hours of in-service or continuing enrichment training to be classified as an active volunteer. This may consist of reading educational materials, watching videos related to abuse issues or participating in trainings. I will record my hours spent in my ongoing training and turn them in monthly to the volunteer coordinator.

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**Volunteer Signature**

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**Date**

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**Volunteer Coordinator**

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**Date**