

Palouse Care™

NETWORK
"Flash" Volunteer Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Can we text you at this number? Yes No

Email: _____ Are you over 18? Yes No

Please provide 2 personal references:

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Application Agreement:

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize Palouse Care Network, Inc. to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Palouse Care Network, Inc. and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decision made based upon such information. I give permission to Palouse Care Network, Inc. to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at Palouse Care Network, Inc. I agree to fully adhere to its policies, including those relating to the maintaining of client confidentiality. I recognize that, as a volunteer, I will serve in a different role than the employees of Palouse Care Network, Inc., and I am not seeking, nor expecting to receive any compensation or other benefits in return for any volunteer serviced which I may provide for this ministry.

Signature: _____ Date: _____



Limitation of “Flash” Volunteer Responsibilities
and
Confidentiality Agreement

To be involved directly in client care, a full volunteer application (with a full criminal background check and letters of reference) will need to be completed.

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Confidentiality occurs when there is an exchange of information made in trust between individuals or groups with the overt understanding that none of the information will be given to any other individual, group, or entity without written consent. Because Palouse Care Network, Inc. is bound by its policies regarding confidentiality we ask that should you recognize a client or donor or their name, you will not disclose that individual’s involvement nor discuss content with anyone.

Palouse Care Network, Inc. is committed to the confidentiality of its clients and donors, confidential information give, both in person and on the phone, will be maintained in strictest confidence.

Signature: _____

Date: _____