SNAP Outreach Volunteer & Confidentiality Agreement

SNAP Outreach Volunteers are required to follow the rules listen below. Please initial each of the following statements indicating that you have read them, that you understand them, and that you agree to abide by them and agree to comply.

\_\_\_ I agree that I will not disclose private information about applicants, including but not limited to name, address, social security number, phone number, income, assets, expenses, or household members to anyone except the Food Bank of North Alabama’s SNAP Outreach Program staff.

\_\_\_ I agree to ensure the protection of all applications I complete or collect during a SNAP Outreach event. By doing so I agree to either destroy the original application (and any copies not sent along for processing) or by mailing those applications and copies to a SNAP Outreach office location.

\_\_\_ I understand that the applications, records and communications received by the SNAP Outreach Program in the course of its work are strictly confidential and as a SNAP Outreach Volunteer, I assume primary obligation and responsibility to safeguard information concerning clients.

\_\_\_ I will send all necessary forms and applications to SNAP Outreach Program staff as soon as possible after collection.

\_\_\_ I understand that as a volunteer, I am representing the SNAP Outreach Program and will not promote any other organizations or companies via branded clothing, promotional materials, or informational materials without the permission of the SNAP Outreach Program and the location at which I am performing outreach. If I desire to promote another organization or company, I will request permission from the SNAP Outreach Program staff (who will consult with the location).

\_\_\_ In the event of my withdrawal or removal from the SNAP Outreach Program, I will continue to keep confidential all sensitive information I have gained through my work.

\_\_\_ I hereby release the SNAP Outreach Program, the Food Bank of North Alabama, its board of directors and staff, and my sponsoring agency from any and all responsibility for loss or injury during the course of my work as a SNAP Outreach Volunteer.

\_\_\_ I have read and understand the above statements and agree to abide by the above stated policies and procedures of the SNAP Outreach Program. I further understand that violation of the terms of this agreement constitutes grounds for immediate dismissal and possible civil liability for breaching the client’s right to privacy.

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Signature Date Print Name

I was trained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_.

 (Name of trainer) (Date)