

**THE CENTER FOR VIOLENCE PREVENTION
VOLUNTEER AGREEMENTS**

CONFIDENTIALITY STATEMENT

The nature of services provided by The Center for Violence Prevention requires information to be handled in a private, confidential manner. I hereby acknowledge my responsibility and liability to maintain the confidentiality of all matters relating to The Center for Violence Prevention. This includes, but is not limited to:

1. Client or family members' names, personal history or home addresses;
2. Discussing addresses or location of shelters;
3. Divulging information obtained through counselors or records that may threaten the safety or security of The Center for Violence Prevention or the client or family members' utilizing these services.

I understand that breaching the confidentiality statement will result in immediate severance of my services with The Center for Violence Prevention. I understand that in accordance with **Mississippi Code 93-21-109**, I could be civilly liable for up to \$10,000, plus any compensatory damages for any violation of this confidentiality agreement.

Signature

Date

PERMISSION FOR BACKGROUND CHECK

I give permission, for The Center for Violence Prevention to conduct a background screening check with law enforcement agencies, the **Child Abuse Central Registry**, previous employers, and other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a volunteer with duties in the area of

_____.

I further understand that this information will only be used in regard to the attached application.

Signature

Date of Birth

Witness Signature

Date

INDEMNITY AGREEMENT

I hereby release The Center for Violence Prevention and its agents from any and all claims and liabilities, including but not limited to personal injury and/or property loss/damage. During my tenure as a volunteer at The Center for Violence Prevention, I hereby agree to indemnify The Center for Violence Prevention and its agents against any claim by a third party against it.

Signature

Date

Please Print Name, Address, and Phone Number

Name: _____ Phone Number _____

Address: _____