
Strengths:

Specialized Skills:

Weaknesses:

What attracted you to volunteer with Gulf Coast Kid's House?

References (non-relative)

Name:

Email:

Address:

Street/city/state/zip

Phone Number(s):

Name:

Email:

Address:

Street/city/state/zip

Phone Number(s):

Name:

GULF COAST KID’S HOUSE
PROFESSIONAL/VOLUNTEER
CONFIDENTIALITY ACKNOWLEDGEMENT

During the course of your activities at the GCKH, you may have access to information, which is confidential and may not be disclosed, except as permitted or required by law and by GCKH Policies and Procedures.

Confidential information includes but is not limited to:

1. Case information about the children and families GCKH serves.
2. Client records, tapes (video/audio) and team’s decision made relative to specific cases.

By signing this Confidentiality Acknowledgement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner, which is inconsistent with applicable policies and procedures of GCKH.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with GCKH.
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. I will not duplicate any material without express written permission from GCKH or the author of the material.
5. I will not teach or present this material without specific written approval from GCKH.
6. I will not remove any written or taped information or records from the offices of GCKH without the expressed permission from the Executive Director or designated professional staff.
7. You may come in contact with someone that you know. If this happens please tell the Volunteer Coordinator and/or Staff Member immediately and have you removed from the situation.
8. You have read and understood this Confidentiality Acknowledgement.

If you have any questions concerning the confidentiality or disclosure of information, you should contact the GCKH Executive Director.

Signature: _____ Date: _____

Print Name: _____ Agency: _____

Date of Birth: _____ Social Security: _____

Telephone: Home _____ Cell _____

Address: _____

[Mission Statement](#)

To prevent the occurrence or recurrence of abuse or neglect through effective community services for children and families by providing a holistic approach to the prevention, investigation, prosecution, and treatment of child abuse and neglect.