



PVEN Volunteer Application

Last Name	First Name	Middle Initial	Date of Birth
-----------	------------	----------------	---------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Home Phone	Cell Phone	Email	Contact Preference
------------	------------	-------	--------------------

Emergency Contact Name	Relationship	Phone Number
------------------------	--------------	--------------

Confidentiality & Nondiscrimination Agreement

I agree to hold in confidence all information that I become privy to, regarding clients of the Pleasant Valley Ecumenical Network (PVEN). I will not share client information with anyone outside of PVEN; either verbally or electronically. Within the confines of PVEN, I will only share client information as it pertains to the welfare of the client.

I will not remove PVEN client records or copies thereof, from the office without the permission of the director, and shall only do so for program-specific purposes. When client records are off site, they must not be visible to anyone other than the staff member working with them.

I will not discuss client cases while in the presence of other clients. All communication pertaining to client case management must be done away from "ear shot" of other clients.

I accept full responsibility for maintaining the confidential nature of all records, client contacts, and information marked confidential.

I will not discriminate any individual on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry) disability, marital status, sexual orientation, or military status in any of PVEN's activities or operations. I am committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors and clients.

I understand that I am personally responsible and fully liable for any violation of this agreement.

Signature	Printed Name	Date
-----------	--------------	------