

FREEDOM HOUSE

Confidentiality Agreement For Non-Clients, Board Members, Staff, Volunteers and Other Principals of Freedom House

Confidentiality, protection for the privacy of client/guest communications and information of others, is the shared responsibility of those associated with Freedom House. Confidentiality of client/guest communications is privileged by law in accordance with the Illinois Domestic Violence Act of 1986. **All Non-Clients, Board Members, Staff, Volunteers or other Principals of Freedom House are legally responsible for maintaining the confidentiality of all guests/clients.**

As a staff member, board member, volunteer or other principal associated with Freedom House,

I agree: *(please initial each item)*

1. _____ to respect all Freedom House clients/guests, their children and maintain their confidentiality;
2. _____ to have no discussion of or disclose any client/guest identity, issues or any other information clients/guests may reveal;
3. _____ to understand that the reason for keeping confidentiality is the privacy, safety and well being of clients/guests, and their families, as well as others who may be associated with Freedom House;
4. _____ to understand that as a staff member, volunteer, board member or other principal of Freedom House I may be asked to explain any alleged breach of confidentiality with regard to intent. Purposeful, repetitive, malicious or damaging breaches in confidentiality may affect my eligibility to continue my formal or informal association/employment with Freedom House.
5. _____ to respect the Illinois Domestic Violence Act of 1986 and understand that I am legally responsible to maintain the confidentiality of all guests/clients.
6. _____ that I have completed the mandated reporter training by the Department of Children and Family Services and I have knowledge and understanding of certain reporting requirements under the Abused and Neglected Child Reporting Act.
7. _____ to understand that if I should no longer be associated with or employed by Freedom House that I would no longer be a "required" mandated reporter but I am still bound to confidentiality.

(Participant Signature)

(Date)

FREEDOM HOUSE

Acknowledgment of Mandated Reporter Status of Adult Abuse

I _____ understand that when I am a paid employee or serve as a direct service volunteer with Freedom House, I will become a mandated reporter of Adult Abuse, Neglect and Exploitation under the Adult Protective Services Act (320 ILCS 20).

This means that I am required to report or cause a report to be made to the Illinois Department on Aging (IDOA), or an agency designated by the IDOA to receive reports, whenever I have reasonable cause to suspect that a person age 60 or older, or people with disabilities age 18-59 who are unable, due to dysfunction, to report for themselves, known to me in my professional or official capacity, may be abused, neglected or financially exploited. I understand there is no charge when calling the following 24-hour IDOA designated hotlines:

- 24-hour, statewide, Adult Protective Services Hotline: **1-866-800-1409**
- TTY: **1-888-206-1327**

I further understand that the reports must be made within 24-hours of my first suspicion of the abuse, neglect or exploitation.

I further understand that the privileged quality of communication between me and my client is not grounds for failure to report suspected abuse, neglect or exploitation. I further understand that reports may be made anonymously and that any person making a good report in good faith under this Act shall have immunity from civil or criminal liability.

Finally, I further understand that there may be penalties imposed, up to and including termination of employment, should I fail to comply with the expectation of being a mandated reporter of adult abuse, neglect and exploitation.

I affirm that I have read the reporting requirements which apply to me under the Adult Protective Services Act.

(Print Name)

(Signature)

Date: _____

FREEDOM HOUSE

Domestic & Sexual Violence Services

Emergency Contact Information

Name _____

Home Phone _____ Mobile or Home (circle one)

In the event of an emergency such as illness, accident, etc., please list the names of the people you would like us to contact. Please list at least two or more if possible. Also, if you have school age children, please list their names, the name of the school and phone number.

Emergency Contact Name	Relationship	Phone Number

Name of Children in School	Name of School	School's Phone Number

If you have any allergies to medications, foods, etc.

Please list them here:

FREEDOM HOUSE

Domestic & Sexual Violence Services

REFERENCES

We take your commitment to volunteer at Freedom House very seriously and wish to engage volunteers completely vested in our mission.

For this reason, please supply us with three personal or professional references that we can check prior to you becoming a volunteer with Freedom House.

Thank You!

VOLUNTEER NAME: _____

DATE OF VOLUNTEER INTERVIEW: _____

DIRECT SERVICE or NON-DIRECT VOLUNTEER (circle one or both)

REFERENCES

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____