

Commitment to Confidentiality

and Professional Boundaries

This is to certify that I,, a volunteer	r with
Ronald McDonald House Charities of Maine, understand that certain types of information and communicat (written, verbal, and electronic) obtained during the performance of my duties must remain confidential.	
Examples include, but are not limited to:	
 Any information about guests and patients staying at the Ronald McDonald House, including containformation, diagnosis, medical history, payment details, etc. Information about donors, including giving history or personal details. Any other information marked as confidential. 	ict
Volunteers of RMH are obliged to maintain the confidentiality of this information at all times, both at work when off duty. Confidential information should be discussed and/or disclosed only on a "need to know" be and in the appropriate work setting. Open and/or public areas considered inappropriate for the discussion and/or disclosure of confidential information include but are not limited to front desk, elevators, lunch room hallways, restrooms, stairwells, etc. In addition, gossip and derogatory comments pertaining to the organization, or individuals affiliated with it, will not be tolerated, within or outside RMH.	asis า
I understand that any unauthorized release or carelessness in the handling of confidential information is considered a breach of duty.	
It is vital to maintain professional boundaries when dealing with guests of RMH. This is to protect the guest staff and volunteers. It is important that staff and volunteers are available to support guests during their till RMH, they need to do so without real, implied or imagined social obligations. It is recommended that volunteers not commit themselves to outside relationships with guests, such as friendships or business arrangements (this includes, but is not limited to, sharing personal contact information with guests). When a relationship exists, it is independent of the RMH organization.	me at
At RMH we strive for equal treatment of all guests, therefore personal gifts should not be exchanged betw volunteers and guests. In addition, as a general policy, volunteers should not accept significant gifts from families; however, small tokens of appreciation are acceptable. If a volunteer is unclear whether a gift is significant, they should consult with the House Manager or Executive Director.	'een

Date

Signature of volunteer

Consumer Authorization

Authorization: By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us (RMHC of Maine) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Full name	M	aiden name/aliases	
Address	City	State Zip	
	<u></u>	Social Security Number	
Date of birth	Sc	ocial Security Number	
Have you ever been convicted of a crin			
Date of birth Have you ever been convicted of a crim conviction:			

copy of the report by checking this box: \square .