

Signature of volunteer

## **Commitment to Confidentiality**

## and Professional Boundaries

Maine	
This is to certify that I,	, a volunteer with
Ronald McDonald House Charities of Maine, understand that certain types (written, verbal, and electronic) obtained during the performance of my d	
Examples include, but are not limited to:	
<ul> <li>Any information about guests and patients staying at the Ronald I information, diagnosis, medical history, payment details, etc.</li> <li>Information about donors, including giving history or personal det</li> <li>Any other information marked as confidential.</li> </ul>	
Volunteers of RMHC are obliged to maintain the confidentiality of this information of duty. Confidential information should be discussed and/or disclared and in the appropriate work setting. Open and/or public areas considered and/or disclosure of confidential information include but are not limited thallways, restrooms, stairwells, etc. In addition, gossip and derogatory conganization, or individuals affiliated with it, will not be tolerated, within the confidential information should be discussed and/or disclosure of confidential information include but are not limited to hallways, restrooms, stairwells, etc. In addition, gossip and derogatory conganization, or individuals affiliated with it, will not be tolerated, within the confidential information should be discussed and/or disclosure and/or public areas considered and/or public areas considered and/or disclosure of confidential information include but are not limited to hallways, restrooms, stairwells, etc.	osed only on a "need to know" basis d inappropriate for the discussion o front desk, elevators, lunch rooms, mments pertaining to the
I understand that any unauthorized release or carelessness in the handling considered a breach of duty.	g of confidential information is
It is vital to maintain professional boundaries when dealing with guests of staff and volunteers. It is important that staff and volunteers are available RMHC, they need to do so without real, implied or imagined social obligat volunteers not commit themselves to outside relationships with guests, so arrangements (this includes, but is not limited to, sharing personal contact a relationship exists, it is independent of the RMHC organization.	e to support guests during their time at cions. It is recommended that uch as friendships or business
At RMHC, we strive for equal treatment of all guests, therefore personal g volunteers and guests. In addition, as a general policy, volunteers should in families; however, small tokens of appreciation are acceptable. If a volun significant, they should consult with the House Manager or Executive Direction	not accept significant gifts from teer is unclear whether a gift is

Date

## **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	Maiden name/alia	ases	
Address	City	State Zip	
Date of birth	Social Security Nu	Social Security Number	
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Have you ever been convicted of	a crime?		

of the report by checking this box:  $\Box$ .