

GrayCares Living at Home

Permission For Background Check:

I hereby give my permission for the GrayCares Living at Home program to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications.

I understand that this information will be used, in part, to determine my eligibility for a volunteer position with GrayCares. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time.

I understand I will have the opportunity to review the criminal history and a procedure will be available for clarification if I dispute the records received.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the GrayCares Living at Home program, and each of its' officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever, and any and all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer with GrayCares.

Confidentiality Agreement:

The nature of GrayCares Living at Home requires that volunteers may learn many private details about the life experiences, situations, and needs of program participants in order to help the participant. It is the expectation of GrayCares that personal information about program participants, volunteers, or staff be shared ONLY with persons who are volunteers or staff with GrayCares and who have demonstrated a "need to know" such information.

Volunteers can and should always share significant information with the program director. IF a volunteer is uncertain about the appropriateness of sharing information with other volunteers, the director should be consulted.

Failure to maintain confidentiality as defined above may result in disciplinary action, up to and including termination, of GrayCares staff or volunteers.

First Name(Please Print)

Middle

Last Name

Signature of Volunteer Applicant

Date

Driver's License #

GrayCares Director Signature

Release for Electronic Display or Personal Information:

I give my permission for video, photographs, identifiable information about me and/or family to be displayed electronically (digital camera, camcorder, VHS tape, or DVD) or published in a newspaper article or newsletter in regards to GrayCares Living at Home.

Signature of Volunteer Applicant

Date