
**COLUMBUS HOUSE, INC.
VOLUNTEER REGISTRATION FORM**

CONFIDENTIAL VOLUNTEER INFORMATION

Name: _____

Address: _____

Employer: _____

Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Emergency Contact Information: _____

Areas of Volunteer Interest: _____

Civic and/or Organizational Affiliation: _____

How did you learn about Columbus House? _____

Confidentiality Agreement

I hereby agree to treat the clients, staff and fellow volunteers of Columbus House in a respectful and dignified manner at all times. I agree to keep all client information in the strictest confidence. Should I witness or become aware of an accident, altercation or other unforeseen incident needing immediate attention, I will report to a Columbus House staff member as soon as possible. By signing, I agree to abide by the Volunteer Guidelines on the back of this form.

Signature: _____ Date: _____

Privacy Statement

We understand the importance of your privacy. Therefore, Columbus House, Inc. agrees to keep all volunteer contact information confidential. Columbus House will not sell, rent or exchange your address, phone number or e-mail information with any other person, party or organization without your express, written permission. *Thank you.*

**Columbus House, Inc. * 586 Ella T. Grasso Blvd. * P.O. Box 7093 * New Haven, CT *
203-401-4400 x106 * www.columbushouse.org**

Volunteer Guidelines for Interacting with Columbus House Clients

We want your experience to be rewarding and a mutually beneficial one for both you and our clients. You should take great pride and satisfaction in knowing that you are helping someone make changes in their life that we hope will ultimately lead to their independence. Your experience also demands a great amount of responsibility.

- I will always treat clients with dignity and respect.
- I will keep all client information in the strictest of confidence.
- I will always work through a Columbus House liaison when arranging one-to-one client meetings.
- I will make every effort to ensure meetings take place at a Columbus House location when working one-to-one with clients. Otherwise, I will schedule meetings in public places like a library, restaurant, coffee shop, etc.
- I will never meet with clients in a bar, restaurant, club or any other place that serves alcohol or where alcohol is easily attainable.
- I will never provide alcohol or drugs of any kind. This includes beer and/or **any** over-the-counter medication.
- I will keep the Columbus House staff liaison's phone number with me at all times in case I have questions or I am in need of assistance.
- In the event of an emergency when working with a client at a location other than a Columbus House facility, I will **call 911 first**, and then immediately contact the staff liaison.
- I will never lend money to a client. I will never accept money from a client.
- I will never agree to hold anything for a client such as a backpack, suitcase, etc.
- I will track my time spent with the client(s) and periodically update C.H. staff.

On behalf of all those we serve here at Columbus House, thank you so much for taking on this responsibility. By giving your time and talent, you are helping to end homelessness, one life at a time.

By signing the Columbus House Volunteer Registration Form, you agree to follow the Guidelines listed above and you are granting permission to Columbus House to use your likeness, voice, and words in media for the purpose of advertising and/or communicating the purposes and activities of Columbus House, Inc.

Columbus House Mission:

“To serve people who are homeless or at risk of becoming homeless, by providing shelter and housing and by fostering their personal growth and independence.”

Age Restrictions: No one under 18 may volunteer for Columbus House without a chaperone. Parental permission letter necessary for youth groups.