

Emergency Contact Information

1st Contact: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Phone: _____

2nd Contact: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Phone: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Volunteer Confidentiality Agreement

As a CASI volunteer, you may work with information of a confidential nature. Occasionally, you may see or overhear such information while at your work station.

Confidential information should not be discussed with other volunteers, clients, friends or family of CASI staff members. Please be considerate of this when talking to others. We are counting on you to be an ambassador for CASI.

As a CASI volunteer, I understand I may see or overhear information of a confidential nature. I agree to maintain confidentiality of all such information. I understand that discussing confidential information with others may jeopardize my status as a CASI volunteer.

Signature of Volunteer

Date

For Office Use:	_____	Received
	_____	Contacted
	_____	Entered into eTapestry