



Senior Services of Island County

Langley, Washington 98260 (360) 321-1600 OR (360) 678-3373

Nutrition Volunteer Enrollment Form Site: _____

Name: _____ Date: _____

Telephone number: _____ Birthdate: _____

Mailing address: _____

Incase of emergency, please notify: _____

Relationship: _____ Telephone number: _____

Volunteer Confidentiality Agreement

As a volunteer for the Island County Nutrition Program I realize that I may be exposed to privileged information that is part of a client's personal or private life.

I hereby agree that observing client confidentiality is a condition for being a volunteer for these programs. I will not discuss a client's affairs or problems with anyone other than my Nutrition Supervisor; and then only if I feel it is necessary for the health and/or safety of the client or other persons.

Volunteer Signature

date

APPLICANTS PLEASE:

1. A Washington State Patrol criminal background check is required for all applicants. Please complete Section "A" on the WSP form attached. If there is history of a criminal record, we will notify you & cannot use your services.
2. A photocopy of your current driver's license should be on file with your Nutrition Volunteer Enrollment Form. (We will also need a copy of current insurance card if you are driving for Meals on Wheels)



Thank you for volunteering!