



## **Caring Neighbors, Inc.**

c/o Rose Hill POA, 1 Rose Hill Way., Bluffton, SC  
843-368-2096

[info@caring-neighbors.org](mailto:info@caring-neighbors.org)

### AGREEMENT OF CONFIDENTIALITY

As a volunteer for Caring Neighbors, Inc., I agree to hold in strict confidence names and all medical, social, referral, personnel and financial information regarding neighbors that I serve, staff, and volunteers, or any participants in Caring Neighbors, Inc. at any time and in any capacity. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with Caring Neighbors, Inc., and possible criminal charges.

Name \_\_\_\_\_ (Print legibly)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### VOLUNTEER PLEDGE

As a volunteer with Caring Neighbors, Inc., I agree to follow the rules and guidelines in the Volunteer Handbook to the best of my ability. I will keep the most current edition of the Handbook for reference. I will notify Caring Neighbors, Inc. when my contact information changes.

I understand that Caring Neighbors, Inc. is in control of the services that I provide and I will follow the directions given to me. I realize that from time to time the guidelines may change and that it is the responsibility of the Caring Neighbor Board of Directors to inform me of any changes in a timely manner.

As a volunteer for Caring Neighbors, Inc., I understand that the purpose of this organization is to help others in our community. In order to aid Caring Neighbors, Inc. in continuing with these objectives, I agree not to bring any suit against Caring Neighbors, Inc. at law or in equity. I further agree to indemnify, defend, and hold harmless Caring Neighbors, Inc. if any such suit is initiated.

Name \_\_\_\_\_ (Print legibly)

Signature \_\_\_\_\_ Date \_\_\_\_\_

February 2015