

Gateway-Longview, Inc.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that in my capacity as a volunteer for Gateway-Longview, Inc., I may have the opportunity to become aware of confidential information concerning the clients, staff, and operations of this organization.

I am aware that anything I learn or experience during my volunteer interaction which may be considered private, sensitive, or privileged information must be held in strict confidence. I agree that I will not share protected information, nor divulge identifying information regarding the clients, staff, or operations of Gateway-Longview, Inc. or related individuals or entities.

Failure to comply with confidentiality expectations may result in immediate termination of my volunteer relationship with Gateway-Longview, Inc.

Signature

Print Name

Date

**RELEASE and WAVER of LIABILITY REGARDING REQUEST for REFERENCE
(PAST or PRESENT)**

I, the undersigned, authorize Gateway-Longview Inc. to respond to requests of references concerning my volunteer/internship at Gateway-Longview and to provide whatever information or judgment(s) concerning my volunteer record or myself that Gateway-Longview deems appropriate at their sole discretion. I realize Gateway-Longview is not legally required to respond to job reference requests, but it is important to me that they do so. In consideration, I wave any claim or charge against Gateway-Longview and release Gateway-Longview and all of its officers and employees of any and all liability as a result of information or judgment(s) that are provided in response to any job reference request(s).

Signature

Print Name

Date

Gateway-Longview, Inc.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, the undersigned, do hereby authorize a review of all and full disclosure of all records concerning myself to Gateway-Longview, its agents and representatives whether records are public, private or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for volunteering. Any offer a volunteer position is contingent upon agency review of all report information.

I have read and fully understand the contents of this "Authorization of Release of Personal Information".

Signature

Print Name

Date

PUBLICITY RELEASE FORM

I, the undersigned, give permission for my photograph and/or quotations to be printed by Gateway-Longview, as part of the public relations/marketing/fundraising activities of the organization. Such publications may include for example newsletters, agency brochures, the annual report, a wall calendar, and our Internet web site. I understand that my photograph and/or remarks may be used in programs or articles depicting the programs and services of the agency.

I reserve the right to refuse to be photographed or quoted in any specific instance or situation.

I understand that if at any time I want to rescind this authorization, I must submit in writing, my withdrawal of this form.

Signature

Print Name

Date