**THE LIGHTHOUSE OUTREACH PROGRAM FELLOWSHIP BAPTIST CHURCH 2000-5TH Street North, CRANBROOK, B.C. V1C 4Y1 VOLUNTEER FORM**

**The Lighthouse Program Volunteer Statement of Confidentiality The Purpose of the Fellowship Baptist Church Respite Outreach Program for individuals living with early stage Alzheimer disease/dementia is to offer individuals support and a safe environment providing a time of respite for the spouse/caregiver for a specific time. This program will be specific to dementia in a confidential environment. A matter of policy and ethics of the Outreach Program - any information divulged by attendees is considered CONFIDENTIAL and must be safeguarded.**

**Breach of confidential information will be cause for immediate dismissal as a Volunteer of The Lighthouse Outreach Program.**

**As a Lighthouse Outreach Program volunteer, you will hear much personal information. You must protect the trust placed in you and be respectful of the attendee’s privacy at all times.**

**Outreach Program Group Volunteer Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Role of the Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This signature reflects I understand and agree to comply with the statements above:**

**Signature of Outreach Program Volunteer Date**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Outreach Program Group Facilitator Date**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**