

Bradford-Tioga Head Start, Inc.
Volunteer/Participant Confidentiality and Ethics Acknowledgement

As a volunteer/participant for Bradford-Tioga Head Start, Inc. you are entering into a commitment to the rights of those we serve in the area of confidentiality and ethics. By signing your name in the space below, you are signifying that you understand the Bradford-Tioga Head Start, Inc. "Volunteer/Participant Confidentiality and Ethics Acknowledgement" that follows:

Confidentiality – any information concerning the children and families we serve

You understand that no information about a child/family is to be shared. You also understand that conversations in public areas will not consist of confidential information. You understand that you are not authorized to access any information about anyone we serve even if the person is a friend, a relative or an employee.

Anyone who shares confidential information or is found to be accessing information about a child/family will be subject to termination of volunteering within Bradford-Tioga Head Start, Inc.

Ethics-

As a volunteer/participant for Bradford-Tioga Head Start, Inc., you will/have not engage(d) in or condone behavior that is inhumane or that resulted in illegal actions. Should a volunteer/participant be involved in any behavior of this nature or that would directly reflect on the reputation of Bradford-Tioga Head Start, Inc., you may be subject to termination of volunteering within Bradford-Tioga Head Start, Inc.

Bradford-Tioga Head Start Inc. reserves the right to prohibit any individual from the premises of Head Start facilities and/or attending any Head Start function and to cease services when the involved individual has or is:

- Convicted as a perpetrator of violent crimes or offenses against children and/or adults
- Considered to pose a danger to children, volunteers or staff due to mental health issues, domestic violence, etc.
- Acted in such a way that they would be detrimental to the provision of quality services to children and families (i.e. inappropriate language, breach of confidential information inappropriate discipline of children)

Volunteer/Participant Signature _____ **Date** _____

**Student volunteer – by signing this form, you are agreeing not to use confidential information (i.e. children's names) when writing observations, notes, etc. for use of class.*

Print Name _____ **Classroom** _____

BTHS Family Advocate/Partner Signature _____ **Date** _____

**BTHS Staff: Please keep originals at center in a Volunteer/Participant Folder in your file cabinet or if it is a parent/guardian place in child's file.*