



*Transitional Housing and Support Services  
for Homeless Women and Children in Northern Illinois*

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6213A Factory Road Crystal Lake IL 60014 ◻ Phone: 815-444-1660 ◻ Fax: 815-444-1436 ◻ Web: www.h-o-s.org

**CONFIDENTIALITY AGREEMENT:**

I am aware that Home of the Sparrow will maintain records pertaining to my skills, educational background, and activities as a Volunteer. This information will be used to facilitate appropriate volunteer placement based on my skills and interests. I hereby authorize disclosure of this information to the appropriate HOS departments that require access to this knowledge.

I, \_\_\_\_\_, understand and agree that, as a volunteer at Home of the Sparrow, I have/may have access to privileged resident information.

I agree to hold any and all such resident information in strict confidence, except, as provided by law for the release of information and/or in the course of sharing information with Home of the Sparrow staff.

**LIABILITY WAIVER AGREEMENT:**

I understand HOS, through the Board, employees, and agents will make every effort to ensure the safety and health of each volunteer participant. I understand and agree that neither HOS nor its individual Board members, employees, officers, fellow volunteers, or clients, may be held liable in any way for any occurrence in connection with its programs, which may result in injury, death, disease, or other damages to me.

I hereby give consent to HOS to administer emergency medical attention as a result of illness, accident, or allergic reaction. I understand that my participation in any particular HOS function is not considered mandatory until I have agreed upon such participation.

This agreement is in effect for duration of your involvement with Home of the Sparrow.

Print Name \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_