



CHRISTIAN ADOPTION SERVICES
EST. 1985

2345 Meadow Ridge Parkway | West Fargo, ND 58078
Phone 701-237-4473 | Fax 701-566-7621

Volunteer Intake

Please print and answer all the questions completely.

_____ Date

Personal

Name _____
Last First Middle

Address _____
Street City State Zip

Phone () _____ Secondary Phone () _____ Email address _____

Background

1. Are you familiar with Christian Adoption Services and its ministry? YES NO
How did you hear of us? _____

2. Describe your volunteer experience including where and what you did there. _____

3. What personal strengths would you bring to this agency by volunteering? _____

4. What goals do you have? _____

5. Are you currently attending church? YES NO Where? _____
Would you like information about local churches? YES NO

6. Would you be willing to be featured in our "Volunteer Spotlight" section of our newsletter? YES NO

Signature: _____ Date: _____

Christian Adoption Services

A Licensed Adoption Agency

2345 Meadow Ridge Pkwy | West Fargo, ND 58078

Phone 701-237-4473

CONFIDENTIALITY AGREEMENT

As a staff member/board member/volunteer of Christian Adoption Services, I agree to the following regarding confidentiality concerning our clients:

1. I will prepare records carefully, accurately, and professionally.
2. I will physically safeguard records and other confidential materials by guarding them carefully while in use and keeping them in a locked file or a locked room when not in use.
3. I will release confidential information to a third party only with the written permission of the client and for purposes approved by the agency.
4. I will guard against any informal violations of confidentiality by using discretion in what I discuss outside of the agency.
5. I will seek access only to the records with which I am professionally involved.
6. When seeing a client in public, I will not disclose in the presence of others that that person is or has been a client of the agency, without that person's permission.
7. I will continue to observe confidentiality after termination of my employment.
8. I will not share sensitive information about the agency and its operations with outside people or with the media, without the permission of the administrator, and only with concern for the welfare of the agency.
9. I am aware that violation of this confidentiality agreement may be grounds for reprimand or, in the case of serious infraction, dismissal.

(Name)

(Date)