

Volunteer Agreement & Confidentiality

Orangeburg County Council on Aging

Volunteer Name: _____
(Please Print)

As a volunteer for the Orangeburg County Council on Aging, I understand that I am a representative of the agency and agree to abide by the following terms and conditions:

1. Nature of Service

- I understand that I am providing my services as a volunteer and will not receive any financial compensation or employee benefits. I agree to perform my duties to the best of my ability and to follow the instructions provided during my orientation.

2. Confidentiality Agreement

- During my service, I may have access to private information regarding the seniors we serve (clients), including their names, addresses, health status, and financial situations.
- I agree to keep all client information strictly confidential.
- I will not discuss client details with anyone outside of OCCOA staff.
- I will not take photographs of clients or post their information on social media without express written consent from the agency.

3. Professional Conduct

- I will treat all clients, staff, and fellow volunteers with respect, patience, and kindness.
- I will be dependable. If I am unable to attend a scheduled shift, I will notify the office at (803) 387-7680 as soon as possible.
- I will follow all safety and health protocols as outlined in the Volunteer Orientation.

4. Waiver of Liability

- I release the Orangeburg County Council on Aging from any liability for any injury or damage I may sustain while performing volunteer duties, except in cases of gross negligence by the agency.

5. Termination of Service

- I understand that OCCOA reserves the right to terminate my volunteer service at any time if my conduct is found to be inconsistent with the mission or policies of the agency.

Volunteer Signature: _____ Date: _____

OCCOA Signature: _____ Date: _____