

# Ohio Valley Voices Information Form

Today's date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone#: \_\_\_\_\_

Do you have any health concerns or allergies? \_\_\_\_\_

## Ohio Valley Voices Volunteer Confidentiality Agreement

I understand that in the course of my volunteer time with Ohio Valley Voices, I may become aware of confidential information about specific students. This information may include such information as students' academic performance, behavior, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know. Federal law requires Ohio Valley Voices to maintain the privacy of protected health information of any child receiving services, or of any information that may be used to identify a child. I agree that any information obtained from a child's health or medical records will only be used for assisting in servicing or reimbursement for servicing a child.

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

Start Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Schedule: \_\_\_\_\_

BCI background check