



North Alabama Sickle Cell Foundation, Inc.

224-B Church Street, 35801 * P. O. Box 813 * Huntsville, AL 35804

256.536.2723 * 800.636.2723 * 256.536.2714- Fax

www.sicklecellna.org

Volunteer Registration Form

Name: _____

Address: _____

Contact Information:

Phone: _____

E-Mail: _____

Facebook: _____

Twitter: _____

Interest:



North Alabama Sickle Cell Foundation, Inc.

CONFIDENTIALITY AGREEMENT

As a volunteer of this organization, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff and the organization.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organization.

I also agree not to discuss these same matters after I have left my volunteer position at this organization. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization.

Please sign below to indicate your acceptance and agreement with these terms outlined above.

Volunteer Signature: _____

Print name: _____

Date: _____