

# Volunteer Application



**“Empowering individuals, families, and communities through healthy and supportive aging services, activities, education, and volunteerism.”**





## Volunteer Application

Site: \_\_\_\_\_ Job: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname: \_\_\_\_\_ M or F (circle one) Birth Date: \_\_/\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race (for statistics only): \_\_\_\_\_

Year Round or Seasonal (circle one) Available From: \_\_\_\_\_ To: \_\_\_\_\_

Summer Address (if seasonal): \_\_\_\_\_

Phone (if seasonal): \_\_\_\_\_

Limitations (physical or personal): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Character Reference (and relation): \_\_\_\_\_

Phone: \_\_\_\_\_ # of years known: \_\_\_\_\_

Have you ever been conviction of a felony?: \_\_\_\_\_

If yes, please give particulars: \_\_\_\_\_

## Employment History

Current Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Previously Employment History:

\_\_\_\_\_  
\_\_\_\_\_

Year Retired: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Special Skills or Training:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Times for Volunteering:

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How Did You Hear of Our Need for Volunteers?

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For Office Use Only:

Interviewer:\_\_\_\_\_ Date:\_\_\_\_\_

Placement Date:\_\_\_\_\_ Sent to:\_\_\_\_\_

Date Sent:\_\_\_\_\_ Reference Date Cleared:\_\_\_\_\_

Information Given to RSVP – Date:\_\_\_\_\_

Comments:\_\_\_\_\_

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**If you are 55 years or older, you are eligible for our RSVP program which provides supplemental Accident and Liability Insurance while performing your volunteer assignment. If interested, please designate beneficiary.**

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

Relationship:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_

Zipcode:\_\_\_\_\_ Phone:\_\_\_\_\_

Volunteer Signature:\_\_\_\_\_

I understand completely that if I use my vehicle in going to and from my volunteer assignment, I will arrange to keep in effect automobile insurance equal to the minimum require by the State of Florida.

Driver's License #:\_\_\_\_\_

# HIPAA Information

The Health Insurance Portability and Accountability Act is a federal law which was passed in 1996 which defines rules for handling identifiable client/patient information (such as name, address, social security number, birth date, account numbers, case/physician notes, billing information, etc.).

The law has three parts:

1. Privacy Rules for client/patient information, which restricts how information is stored, accessed, where it goes, how it's used and the client's rights regarding this information.
2. Security rules must be followed so protection is assured.
3. Penalties that will be enforced for non compliance.

A patient/client's information can be shared for the following situations:

1. For treatment/services
2. For payment/claims/billing
3. For Healthcare operations monitoring
4. When the patient request it in writing

## **ALWAYS HAVE THE CLIENT/PATIENT SIGN A CONSENT FORM**

A client can be denied their information when they request:

1. Psychotherapy notes
2. Information that may be used a litigation
3. Information that might endanger the client or others

We do not need a clients consent to release their information for the following reasons:

1. Public Health reasons
2. Reporting abuse
3. Audits, HIPAA compliance reviews
4. Coroners, funeral directors or organ donors
5. Court subpoenas
6. Police investigations
7. Emergencies

## **HIPAA STATEMENT**

By signing below, I acknowledge that I received information about HIPAA policies and how they pertain The Friendship Center, Inc.. I understand that further HIPAA training may be required for certain positions.

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Volunteer Signature

Date

Witness