



VOLUNTEER APPLICATION

Name of Volunteer: _____ Date: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____

Attending School: Yes No Grade: ___ Name of School: _____
Have you volunteered anywhere before? Yes No Name: _____

Can you teach a craft or skill? Yes No If yes, state kind _____
Member of any community clubs or organizations? Yes No Name: _____

What type of volunteer work do you prefer? _____

Days Preferred: _____ Hours preferred: _____
What are your hobbies? _____

Can you use hobbies/interests in volunteering? _____ How? _____

Emergency Contacts:

Name: _____ Relationship: _____
Address: _____
Phone: _____ E-mail Address: _____

Name: _____ Relationship: _____
Address: _____
Phone: _____ E-mail Address: _____

SIGNATURE: _____



VOLUNTEER CONFIDENTIALITY AGREEMENT

All resident's Protected Health Information (PHI) includes resident medical and financial information, employee records, facility financial and operating data, and any other information of a private and sensitive nature. Confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements.

Examples of inappropriate disclosures include:

- Volunteers discussing or revealing PHI or other confidential information to colleagues, friends or family members and designated as personal representative.
- Volunteers discussing or revealing PHI or other confidential information to other employees without a legitimate need to know basis.
- Disclosure of resident's presence in the office, hospital or other medical facility without the resident's consent.
- The disclosure of a resident's presence to an unauthorized party without a legitimate need to know basis, or to indicate the nature of the resident's illness that would jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by volunteer subjects each individual and this facility to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons including unauthorized access, misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

Volunteer Confidentiality Agreement

I hereby acknowledge by my signature below that I understand that PHI, other confidential records, and data to which I have knowledge and access in the course of my employment with this facility is to be kept confidential and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my volunteer requirement. I understand that my duty to maintain confidentiality continue even after I am no longer a volunteer.

I am familiar with the guidelines in place at this facility pertaining to the use and disclosure of resident PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Montevue Assisted Living. I also understand that the unauthorized disclosure or resident PHI and other confidential or proprietary information of this facility are grounds for legal action, up to and including immediate dismissal.

Signature: _____ Printed Name: _____ Date: _____