

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (Last, First, Middle Initial) _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Work or Cell Phone _____

Date of Birth _____ E-mail Address _____

Emergency Contact _____ Phone _____

Community, organization, or church affiliation (s) _____

EXPERIENCE RELATED INFORMATION

Highest level of education and/or training _____

List any education acquired you believe could be helpful to you at Access Carroll, Inc. For example: courses taken, on-the-job experience, office skills. _____

Type of volunteer work preferred **Area:** **Medical** **Dental** **Behavioral**
 Clerical () Answer phones () Filing () Data entry () Other _____
 Clinical () Licensed or Certified Professional () Retired Nurse () Other _____

Licensed or certified professional volunteers may require additional information for credentialing and privileging.

Physician _____ CRNP/PA-C _____ RN/LPN _____ CMA/CNA _____
 Dentist _____ Hygienist _____ Dental Assistant _____ Other _____
 Scope of practice of specialty _____

Why do you wish to volunteer at Access Carroll, Inc.? Give a few details about personal interests or hobbies.

Total number of hours per week you would be available to volunteer: _____ () Daytime () Evenings () Weekends
Days/times of your availability _____

WORK EXPERIENCE

Place of employment _____

Address _____

Phone _____ Supervisor _____

Describe position held _____

Dates of employment _____ Reason for leaving (if applicable) _____

REFERENCES (List names with complete addresses and telephone numbers – no relatives, please)

1. _____

2. _____

Have you ever been convicted of a crime? () No () Yes If yes, please provide details.

The following documentation is required for all volunteers serving in patient care areas:

- PPD Review or Screening
- Influenza Vaccination – documentation of receiving or a declination form may be submitted

A current copy of the following is preferred as applicable to those serving in clinical patient care areas:

- Measles and Varicella titer results or immunization records
- Hepatitis B titer or immunization records
- CPR certification

Signature _____

Date _____

Revised 2017-11

CONFIDENTIALITY AGREEMENT

Access Carroll, Inc. is a non-profit organization providing integrated health services for residents of Carroll County, Maryland. Our patients are entitled to confidentiality in accordance with HIPAA's Protected Health Information or Electronic Protected Health Care Information. In order for our clinic to be effective, patients must feel they can seek treatment without jeopardizing their privacy.

I understand one of my responsibilities, as an employee/volunteer/student of Access Carroll, Inc., is to respect and maintain patient confidentiality. Staff and volunteers/students are expected to treat ALL data about a patient as confidential, understanding that approval to access and use such information (whether verbal, written, or electronic) is a privilege. Staff and volunteers/students are not to discuss or exchange information about patients, except for discussion or disclosures necessary or desirable to furnish or arrange health or social services for a patient – on a need to know basis. I understand that I may not seek patient information not required to perform my duties. I further understand that a violation of confidentiality is a serious disservice to the community and this organization.

I understand that I may be given the use of a computer workstation including the use of internet, electronic health record, or internal e-mail or internet access enabling me to seek patient information. I will exercise this privilege in accordance with the policies and procedures of Access Carroll, Inc. I understand there is no expectation of privacy with respect to e-mail and all access in any form is granted only to support the business purposes of Access Carroll, Inc.

I have read and understand the statements above. I have read, understand, and received a copy of Access Carroll's policies and procedures on confidentiality. I recognize that sharing any of the information I see, hear or read while performing my duties associated with Access Carroll, Inc. is prohibited. I also understand any breach of confidentiality is a serious offense and subject to disciplinary action, possibly resulting in termination as an employee/volunteer/student at Access Carroll, Inc.

Employee Signature _____ Date _____

Employee Printed Name _____

Volunteer/Student Signature _____ Date _____

Volunteer/Student Printed Name _____

Parent/Guardian Signature (for Volunteer/Student under age 18) _____

Parent/Guardian Printed Name _____ Date _____

Witness Signature _____ Date _____

Employee/Volunteer Health

CLINICAL STAFF: Employees, in-kind staff and volunteers having direct patient contact are considered clinical staff.

NON CLINICAL STAFF: Employees, in-kind staff and volunteers not having direct patient contact are considered non-clinical staff.

The following documentation is required for clinical staff working in patient care areas:

- PPD Review or Screening
- Influenza Vaccination – documentation of receiving the influenza vaccination or a declination form may be submitted

A current copy of the following is preferred, but may be necessary per Job Description and as applicable for staff and volunteers serving in clinical patient care areas:

- Measles and Varicella titer results or immunization records
- Hepatitis B titer or immunization records
- CPR certification

Clinical Staff of Access Carroll, Inc. are required to have proof of a tuberculosis review or screening as deemed necessary through current guidelines of the Carroll County Health Department. A screening may be acquired through a private physician, other employer or at Access Carroll, as necessary.

Clinical Staff of Access Carroll, Inc. are required to provide documentation of an annual influenza vaccination or a declination form may be submitted. Influenza vaccinations are available through a private physician, community pharmacies, and at Access Carroll, as necessary.

For more information on the adult vaccinations, contact the Carroll County Health Department at 410-876-4936 or visit <http://www.carrollhealthdepartment.dhmh.md.gov/>.

Photo Consent Release

PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Access Carroll, Inc.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of **my child** for use in news releases and/or educational materials that may include: printed or electronic publications, Web sites or other electronic communications. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Access Carroll, Inc.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)

BATHROOM – PLUMBING NOTICE

No one will be permitted to work, volunteer or function as a student at Access Carroll unless the following document is signed and a competency checklist is completed on bathroom usage and toilet paper replacement.

By signing this document, I acknowledge the following about usage of bathrooms at Access Carroll, Inc.:

1. At no time is anything other than body waste and toilet paper allowed to be flushed in the toilet.
2. Paper towels, tampons, feminine napkins, toileting cloths, and any other cleaning item is not permitted in the toilet, and must be disposed of in the trashcan.
3. Empty rolls of toilet paper must be replaced immediately. Additional rolls are located in the cabinet above the toilet and in the main supply closet.
4. If the cabinet is empty of toilet paper, restocking the toilet paper is required as noted in the orientation competency checklist.
5. The bathrooms are to be used with respect with everyone responsible for cleaning up after themselves.

I further understand that not following these simple but necessary rules will cause plumbing issues for Access Carroll that is both inconvenient and costly to repair.

I understand there are alternate bathroom options in the main foyer of the building.

Staff Member, Volunteer, or Student Signature

Date

Staff/Trainer Witness Signature

Date