

VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City, St., Zip Code	
Phone (Cell/Home)	
E-Mail Address	
Date of Birth	
Are you at least 18 yrs. old?	Yes___ No___ (Volunteers under 18 must be accompanied by an adult and have a parent/legal guardian's permission to participate.)
Are you bilingual?	Yes___ No___ Languages Spoken:

Availability

Are you interested in one-time or ongoing volunteer work?	
If ongoing, how long/often are you interested in volunteering?	
During which hours are you available for volunteer assignments?	
Mornings: 7am – 12pm	M T W TH Special Events___
Afternoons: 12pm – 4pm	M T W TH Special Events___
All-day: 7am – 4pm	M T W TH Special Events___

Interests

Tell us which areas you are interested in volunteering:		
Front Desk (9am-2pm)	Clerical/Data Entry	Driver for Clients
Sorting Room	Dinner Distribution	Grocery Pick-up
Morning Services	Fundraising/Marketing	Other/ Special Events
Kitchen	Pantry	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies or sports. List previous volunteer experiences.

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Emergency Contact

Name	
Street Address	
City, St., ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and I give full permission for any necessary verification.

Name (printed)	
Signature	
Date	

Additional Information

Medical Conditions/Allergies/Special Needs and information (allergies, conditions, dietary needs, medications, behavioral issues, etc. to be aware of):	
Would you like to receive e-mails about upcoming events, new volunteer opportunities, and our monthly newsletter?	



VOLUNTEER - CONFIDENTIALITY STATEMENT AND HIPAA REQUIREMENTS

Confidentiality

During my time volunteering at The Samaritan Center – Simi Valley (Company), I understand that I may be exposed to or have access to sensitive information regarding clients, staff, board, volunteers, donors, systems, business plans, and finances.

Company confidential information shall mean any Company proprietary information, technical data, trade secrets or know-how, including but not limited to research, product plans, products, services, suppliers, customer lists and/or customer information, prices and costs, software, salary or compensation data or any other business information disclosed to you by the Company either directly or indirectly in writing and/or orally.

_____ I agree that I will not share Confidential information with anyone other than approved Management members.

HIPAA

Health Insurance Portability and Accountability Act – this law sets the standards for how and when to protect – Protected Health Information (PHI). Under HIPAA the Privacy Rule and defines the circumstances in which an individual's PHHI may be used or disclosed by a Business Associate.

Even as a volunteer, you are in the category of Business Associate and must protect, at all costs, any PHI. There are a few exceptions to the rule when PHI may be shared with others – however, in any situation we want you to defer to Company Management before any information is disclosed.

_____ As a volunteer, and according to the Health Insurance Portability and Accountability Act (HIPAA) guidelines I will protect/keep private such information by agreeing not to release or disclose this information to any parties who do not have authorization to receive it. These parties include, but are not limited to: my family, friends, the public, clients, other volunteers, and donors.

_____ Any questions regarding the release of such information I will direct to my Supervisor, a staff member, or the Executive Director.

_____ I will not attempt to access such information without prior authorization from my Supervisor or the Executive Director.

By initialing above and signing below I agree to the Confidentiality statements and HIPAA requirements outlined above in this document. I am aware that if I am found to be in violation of any of these policies, my volunteering partnership may be terminated.

Signature of Client or Volunteer

Print Name of Client or Volunteer

Date

VOLUNTEER - CONFLICT OF INTEREST

Conflict of Interest

A conflict of interest exists when a person's private interest interferes in any way with the interests of The Samaritan Center – Simi Valley (Company). A conflict can arise when an individual takes actions or has interests that may make it difficult to perform his/her work for the Company objectively and effectively. Conflicts of interest may also arise when volunteer, or members of his/her family, receives improper personal benefits, as a result of, his/her position at the Company. Conflicts of interest may not always be clear, if you have a question you should consult with Management.

The standard of behavior for all staff, volunteers, and board members is to avoid any conflict of interest between the interests between themselves and The Samaritan Center – Simi Valley. This includes avoiding actual conflicts of interest, as well as perceptions of conflicts of interest.

_____ I will not participate in any activities that are a conflict of interest to The Samaritan Center – Simi Valley and its constituents. This includes but is not limited to making a decision where I, my family and/or my significant other, employer, or close associates will receive a benefit or gain.

_____ I am aware that any relationships formed with clients are to remain professional as it would be a conflict of interest between my role as a volunteer and The Samaritan Center – Simi Valley. Such relationships include but are not limited to: giving money to clients, gossiping about clients, and partaking in romantic relationships with clients.

By initialing above and signing below I agree to adhering to the policy outlined above - Conflict of Interest. I am aware that if I am found to be in violation of any of these statements, my term of volunteering may be terminated.

Signature of Client or Volunteer

Print Name of Client or Volunteer

Date



RELEASE OF LIABILITY WAIVER/MEDIA RELEASE AGREEMENT

Release of Liability

I expressly warrant that I am capable of withstanding both the physical and mental demands of such activities as: sorting clothing, sorting food, cleaning the property, working on the property, helping with special projects, driving on behalf of The Samaritan Center - Simi Valley, and working with clients.

I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents and/or transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I also expressly assume all risks for myself when participating in the activities, whether such risks are known or unknown to me at this time. I further release The Samaritan Center - Simi Valley and its leaders, employees, volunteers, clients, and agents from any claim that I may have against them, as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against The Samaritan Center - Simi Valley or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless The Samaritan Center - Simi Valley and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Samaritan Center - Simi Valley to seek and secure any needed medical attention or treatment for me, including hospitalization, if in the agent's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. I agree to pay all fees and costs arising from this action to obtain medical treatment.

Media Release Agreement

_____ By initialing here, I also authorize The Samaritan Center of Simi Valley to include me in pictures for promotional purposes of events I may participate in. I understand that my name will not be published with any pictures I am in unless permission is obtained and granted by me.

By signing below I authorize that I have read, understand, and agree with all statements on this page as it applies to my volunteer work with The Samaritan Center - Simi Valley.

Signature of Client or Volunteer

Print Name of Client or Volunteer

Date

**MINOR PERMISSION/WAIVER FORM
(FOR USE ONLY IF THE PARTICIPANT IS A MINOR)**

I represent that I am the parent/legal guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of The Samaritan Center - Simi Valley, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Samaritan Center - Simi Valley, I hereby consent to the Permission / Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date

Parent/Legal Guardian Designee Disclosure

I represent that I am the parent/guardian of _____. I understand they are to be accompanied by an adult (18 years of age or older) at all times; I will not be accompanying my child during their volunteer work with The Samaritan Center - Simi Valley. I hereby designate _____ to be my child's supervisor in my absence and on my behalf.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date

Please return completed and signed permission/waiver form to:	ATTN: Program Coordinator The Samaritan Center - Simi Valley 280 Royal Ave., Simi Valley, CA 93065 Email: coordinator@samcentersv.org · Phone (805) 579-9166
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