

VOLUNTEER APPLICATION

Print clearly or type:

Date: _____ Referred by: _____

Name: (Last) _____ (First) _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home/Cell phone: _____ Email: _____

Parent/Guardian's Email (for volunteers under 18): _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Please state your reason for wishing to volunteer at CESLC (include any deadlines, number of hours required to complete, etc): _____

If the reason for volunteering is in any way related to a mandatory or a recommended volunteer effort to either reduce or obviate a "criminal act" (including Juvenile Court), we must be notified in advance of the charges. If we are not notified in advance, we are under no obligation to supply a letter stating that the individual has completed the mandated or recommended community service hours.

Tell us about yourself:

Date of birth: _____ Under age 13 Over age 18

Please note: *Children ages 12 and under must be accompanied by a parent or guardian and adults 18+, including said parents or guardians, must complete a background check)*

Gender: Male Female neutral

Availability:

Orientation date you plan to attend: _____

When are you available to start volunteering? Please give a specific date: _____

What days/times are you available to volunteer? Please be as specific as possible:

(Days) _____ (Times) _____

Volunteer Interests:

- Friendly visits
- Adopt-a-Grandparent program
- Pastoral care – daily/weekend services
- Administrative assistance
- Escort residents
- Dining room assistance
- Holidays
- Translation assistance
- Activities/outings (trips) with the Recreation Therapy team
- Manicures (file, paint, and lotion only)
- Pet therapy with your certified pet therapy dog
- Gardening (primarily spring/summer)
- Other (please specify) _____

Education

Highest degree attained: _____

If in school, what school are you attending? _____

Current grade: _____

Occupation

Work history (current and previous)

1. _____ Dates: _____

2. _____ Dates: _____

Interests and Skills

Hobbies, special skills, interests or training:

Languages and level of proficiency:

Other volunteer activities:

Background

Do you have any physical, mental or medical limitations that may prevent you from performing any volunteer tasks? Do you have or have you recently been exposed to any infectious diseases? If yes, please explain:

Have you ever been convicted of a crime? No Yes If yes, please explain:

Do you have a family member presently or formerly residing or working at Charles E. Smith Life Communities? If yes, please list name(s)/department(s):

AGREEMENTS AND AUTHORIZATIONS

Summer Youth Program Volunteers: I understand the importance of consistency and agree to be prompt on my scheduled days. If I cannot volunteer on a given day, I will notify the department to which I have been assigned. **I agree to volunteer at least 12 hours between June 1 and August 31 (four hours a month) commencing with first day of service.**

Ongoing Program Volunteers: I understand the importance of consistency and agree to be prompt on my scheduled days. If I cannot volunteer on a given day, I will notify the department to which I have been assigned. **I agree to volunteer at least four hours a month during the course of one year, commencing with my first day of service.**

I authorize Charles E. Smith Life Communities to check my references and to secure an investigative criminal background check, if applicable.

I (or my guardian) understand(s) that Charles E. Smith Life Communities **assumes no liability** while I volunteer on the premises or take part in volunteer activities.

I agree to abide by the Charles E. Smith Life Communities requirement for **confidentiality**. This means that I will **NOT** take pictures of residents and will only share private information with pertinent professional team members, including the volunteer department, nursing staff, or social worker where I'm assigned.

I hereby affirm that my answers to the foregoing questions on the volunteer application are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

(OPTIONAL) I grant permission to Charles E. Smith Life Communities to use my name, voice, verbal statements, portraits or picture (video or still) in newspapers, magazines, television, website and other electronic media, including the Internet.

Full name (as it appears on your Social Security card):

Signature: _____ Date _____

[This application is not to be considered an offer for a volunteer position at Charles E. Smith Life Communities.]

PARENTAL/GUARDIAN PERMISSION FORM

Required of all applicants under the age of 18. Volunteers under the age of 12 must be accompanied by a parent or guardian.

I give _____ (child's name) permission to serve as a junior volunteer at Charles E. Smith Life Communities. I understand that he/she will function independently, within the purview of Charles E. Smith Life Communities, and with minimal supervision.

SUMMER ONLY: _____ (child's name) is committed to performing at least 12 hours of community service at Charles E. Smith Life Communities during the summer volunteer program (June 1 – August 31), commencing with the first day of service.

I grant permission to Charles E. Smith Life Communities to use my son's/daughter's name, voice, verbal statements, portraits or picture (video or still) in newspapers, magazines, television, website and other electronic media, including the Internet.

Name of Youth Volunteer: (Print) _____ Age: _____

Parent/Guardian (Please print): _____

Parent/Guardian Signature: _____ Date: _____

ABOUT CONFIDENTIALITY

What is HIPAA?

We try our best to give residents the highest quality health care. As part of the promise to care for them, we keep information about their health private. Once, this promise was simply part of the health care's code of ethics, but now, under a national law that went into effect in 2003, it is illegal to violate this code. This law, the Health Insurance Portability and Accountability Act, or "HIPAA," includes punishments (jail time or fines) for anyone caught violating resident privacy.

What should be kept confidential?

All information about residents is considered private whether written on paper, saved in a computer or spoken aloud. This includes their name, address, age, social security number and any other personal information. It also includes the reason the resident is sick and in the facility, the treatments and medications he or she receives, caregiver's notes and information about past health conditions.

If you reveal any of this information to someone who does not need to know it, you have violated a patient's confidentiality, and you have broken the law!

What you "need to know."

Most of HIPAA is common sense. Just follow the simple "need to know" rule. If you need to see resident information to perform your job, you are allowed to do so. But before looking at a resident's health information or sharing that information with someone, ask yourself one simple question: "Do I need to know this to do my assignment?" If the answer is no, stop. If the answer is yes, you have nothing to worry about.

What if you could not help overhearing confidential information?

Not all information is locked up in a file room or protected by passwords in a computer. You may overhear private health information as you do your day-to-day tasks. As long as you keep it to yourself, you have nothing to worry about.

Even trash is private.

Resident information stored on paper or a computer disk should never be thrown into an open trash can. The reason is simple: no one knows who might end up seeing the trash once it leaves the building. If you see resident information in an open trash container, take the information to a supervisor. The supervisor can get rid of it properly, either into a locked bin or directly into a paper shredder.

Where do I go if I have questions about HIPAA?

Every health care organization must have a privacy officer. The privacy officer for the Hebrew Home is Susan Boettger. She can be reached at 301-770-8468. We also have a Corporate Compliance Hotline: 301-998-8796. In addition, you may talk to your volunteer supervisor if you have questions about HIPAA. If you spot someone breaking the rules, you must report the violation to a supervisor or directly to the privacy officer. You should feel comfortable going to either of them with questions about how to follow the privacy rule.

HIPAA'S DAILY DOs

- Before looking at resident health information, ask yourself: "Do I need to know this to do my volunteer assignment?"
- Tell a supervisor if you notice resident information left unattended in, for example, an open trash container, at a copy machine or in the lunch room.
- Report anyone you see breaking the rules to a supervisor or the CESLC's privacy officer.
- Refer questions asked by family members or residents to a charge nurse or supervisor.
- Remember to keep all resident information private or confidential.
- When sharing private resident information with a charge nurse or social worker, make sure that you are in a spot where others may not overhear you or see what you may be writing.

HIPAA'S DAILY DON'Ts

- Don't talk about residents in public places, such as hallways, elevators or lunch rooms.
- Don't take pictures of residents.
- Don't leave phone message about resident's health with anyone but the person whom you are trying to reach.
- Don't share information about a resident with anyone except the charge nurse or social worker.
- Don't leave medical records or resident information unattended.
- Don't give sealed envelopes that contain resident health information to anyone other than the designated person.
- Don't throw any resident information in the trash. Dispose in a special bin.

CONFIDENTIALITY STATEMENT

This policy statement and understanding is to include but not limited to employees, volunteers, physicians, temporary team members and third parties.

It is the policy of Charles E. Smith Life Communities (CESLC) to respect and protect the privacy rights of patients, residents, their families, team members and third parties. ALL information (hard copy, electronic or verbal) associated with protected health information (PHI) as defined by the Health Insurance Portability Accountability Act (HIPAA) contained in medical records, staff files, computer bank/systems, research, financial performance improvement, risk management, human resources and information is to be kept strictly confidential.

In addition, any information about Charles E. Smith Life Communities' residents (patients), families, team members or third parties (and/or agents thereof) which is disclosed or becomes known in the course of doing one's job, must be kept confidential.

Anyone authorized to access electronic patient/resident/employee records by use of a confidential password will not permit the password to be used by any other unauthorized person(s).

Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the director of the department immediately. The information will be presented to the VP of Human Resources and the Privacy Officer for review and further appropriate action.

Significant trust is placed upon all individuals who have access to confidential and sensitive information. With this trust comes a high level of responsibility. Therefore, it is the expectation of the Charles E. Smith Life Communities (CESLC), system for all individuals to understand thoroughly that violation of any aspect of this policy will result in corrective action and/or possible termination.

I have read and understand the above statements.

Print Name: _____

Signature: _____ Date: _____

Please return forms to:

Volunteer Program
Charles E. Smith Life Communities
6121 Montrose Road
Rockville, MD 20852

If you have any questions,
please email: mayer@ceslc.org