

New Hope Volunteer Application



Name _____ Birthdate (MM/DD/YY) _____

Address _____ City, State Zip _____

Phone _____ Email _____

Please Select One: Male Female Social Security Number _____

Previous Names Used _____

I would like to volunteer with (check as many as you'd like):

- | | | |
|---|--|--|
| <input type="radio"/> Carroll Bargain Shoppe | <input type="radio"/> Coon Rapids Bargain Shoppe | <input type="radio"/> Christmas Boutique |
| <input type="radio"/> Perry Bargain Shoppe | <input type="radio"/> Jefferson Bargain Shoppe | <input type="radio"/> One-to-One |
| <input type="radio"/> Church Driver/Companion | <input type="radio"/> Special Events | <input type="radio"/> Gardening |

Other (please describe): _____

Are you able to commit to a regular volunteer schedule? Yes No

If no, please list when you would be available to volunteer _____

If yes, list days/times you prefer to volunteer _____

Weekly, alternating weeks, seasonal or other? _____

Mornings, afternoons or evenings? _____

Do you have previous volunteer experience? Explain. _____

Are you related/acquainted to an individual who receives services from New Hope? Please list name and relationship. _____

Do you have friends or relatives employed with New Hope? Please list name and relationship. _____

Do you have hobbies, skills, talents or interests that may be useful or of interest when volunteering? _____

If you are a student, please list your school and current grade level. _____

Emergency Contact Information (This person may be contacted in the event of an emergency)

Contact Name _____ Relationship to You _____

Primary Phone _____ Alt. Phone _____

Personal Reference, other than a relative, list one personal reference (employer, former employer, school, church, etc.)

I am authorizing New Hope to contact my reference in reference to my volunteer application.

Reference Name _____ Relationship to You _____

Business/Address _____ City, State, Zip _____

Phone _____ Email _____

Volunteer's Background/Security Check (REQUIRED), please answer the following questions

Do you use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse or assault? Yes No

Has your driver's license ever been suspended or revoked? Yes No

If you answered yes to any of the above questions, please explain _____

AGREEMENT

I agree to have a criminal history background check and a motor vehicle license records check performed.

I certify the information provided on my application is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand New Hope may refuse to allow me to volunteer if I provided any incorrect information or omission. I understand my volunteer service can be modified or terminated without notice or cause, at any time.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

Signature _____ Date _____

For Office Use Only

VOLUNTEER CHECK

Background check completed (date): _____ Results: _____

Drivers license check completed (date): _____ Results: _____

Volunteer's starting date: _____ Client or Area: _____

Orientation must be completed within three months of start (date): _____

Orientation completed by: _____

Statement of confidentiality & training acknowledgement signed and returned on (date): _____

Database entry on (date): _____ By: _____

New Hope Volunteer Statement of Confidentiality & HIPAA Acknowledgement



Client information is of a private nature and should be considered confidential.

Under the Health Insurance Portability and Accountability Act (HIPAA), there is a list of personal identifiers known as Protected Health Information (PHI). This list includes client name, address, birthdate, telephone number, email address, social security number and medical record number.

Knowingly and improperly disclosing PHI of individuals served by new Hope may result in termination and possible criminal proceedings.

HIPAA Penalties

1. Up to \$50,000 and one year in prison for “knowingly and improperly” obtaining or disclosing PHI
2. Up to \$100,000 and five years in prison for obtaining PHI under false pretenses
3. Up to \$250,000 and ten years in prison, if done with an intent to sell, transfer or use for commercial advantage, personal gain, or malicious harm

I understand that any information about an individual served by New Hope is strictly confidential. In conjunction with my role as a volunteer, I agree to use any individually identifiable information that I become aware of only in my capacity as a volunteer and will not disclose this information to any other individual or agency.

Taking photos and/or videos of individuals served by New Hope with personal phones or cameras is not allowed.

Volunteers at any of the Bargain Shoppes will maintain confidentiality concerning donor and customer information.

I have received training on new Hope’s Confidentiality Policy. I agree and will abide by these provisions. I understand that any violation of New Hope’s Confidentiality Policy may result in disciplinary action, up to and including dismissal from my volunteer position; and that civil or criminal penalties may apply.

Volunteer Signature _____ Date _____

Witness Signature _____ Date _____