



Application for Volunteer Service

Date: _____

Name: _____
First Middle Last

Address: _____

City: _____ Zip: _____

Phone: _____
Home Work Cell

E-Mail: _____ Date of Birth: _____

Are volunteer hours required? _____

If yes, for what program? _____

Office use only:

Date Submitted: _____

Start date: _____

Placement: _____

Other Information: _____

Date of Mantoux: _____

Student _____ Employer _____

Current School: _____ Grade: _____

Highest Level of Education Completed: _____

Schedule Preference:

A minimum 2 hour time commitment is required per shift.

Times: (Circle) Morning Afternoon Evening

Days: (Circle) M. T. W. Th. F. SA. SU.

Special skills of interests: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

Signature of Applicant: _____

Date: _____

Possible areas of interest (circle all areas of interest)

One-to-one visits

Board games

Trivia

Entertainer

Reading group

Exercise class or walking group

Active games (bowling, golfing)

Escort resident to activities

Birthday parties'

Assist with ice cream social

Lead Shabbat Services

Gift Shop

Greeter

Escort clients to ot/pt

Manicures

Other:

Card games

Bingo

Arts and Crafts

Serve at special dinners

Personal Shopper

Outdoor walks

Gardening

Outings (van trips)

Happy hour social

Holiday / festival parties

Religious programs

Current events

Activities Memory Care

Activities Assisted Living

For more information contact:

Carol Kvasnik, Director of Volunteer Services at 952-939-1627

ckvasnik@sholom.com

Fax: 952-933-1485



SHOLOM COMMUNITY ALLIANCE RELEASE FORM

I hereby consent to the use of my photograph(s) (and/or any copies of my photograph(s)) and my name in promotional materials produced and/published/submitted by Sholom Community Alliance, such as:

- 1. Official publications, documents, programs, marketing brochures and presentations of Sholom Community Alliance**
- 2. Printed communicative media (e.g., American Jewish World or other newspapers) for promotional use of Sholom Community Alliance**
- 3. Electronic communicative media (e.g., worldwide website) for promotional use of Sholom Community Alliance**

I understand that signing this release form does not guarantee publication.

Printed Name

Signature

Address

Telephone Number

Signature of Responsible Party (If appropriate)

Date



VOLUNTEER CONFIDENTIALITY STATEMENT **AND HIPAA ACKNOWLEDGEMENT**

As a volunteer of Sholom Community Alliance, there is a need for you to be aware of the requirements in regards to any confidential and protected health information associated with Sholom Community Alliance. A “volunteer” includes a permanent, occasional or seasonal volunteer.

Confidential information is considered to be any information that is generally known about Sholom Community Alliance’s residents, tenants, clients, employees, business operations or services. Confidential information includes, but is not limited to, all residents, tenants, clients information, employee information, financial information and any information related to computer access or data whether oral, electronic or paper. Therefore, any information that a volunteer obtains from their volunteer activities is to be kept confidential.

Each volunteer at Sholom Community Alliance is responsible to:

- Use Protected Health Information and/or Sholom Community Alliance confidential information only while volunteering with Sholom Community Alliance.
 - Resident/tenant/client medical records are confidential and are to be accessed on a need to know basis only.
 - You are expected not to read medical records or discuss medical situations.
- In the event you are asked to handle confidential and protected health information use your best effort to secure all confidential and protected health information.
- Do not release or share any confidential and protected information with anyone. If you receive a request to share or release information report immediately to the Director of Volunteer Services.
- Prevent disclosure of any computer access and/or disclosure of computer confidential information.

- Do not email resident/tenant/client information unless you have encrypted that information.
- There are regulations requiring that any disclosure of protected health information (inadvertent or otherwise) be reported to the resident/tenant/client. As a volunteer you are required to report, within three days or earlier, any disclosure of information to the Director of Volunteer Services.

You are retained as a Sholom Community Alliance volunteer on the assurance that you will observe the requirements stated above. Violation of this agreement may result in termination of your volunteer privileges. Disclosure of any protected health information is a violation by the law not only during the time you volunteer, but at any time after you've stopped volunteering with Sholom Community Alliance.

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have an obligation to protect the resident's, tenant's and client's protected health information both during and following my volunteering with Sholom Community Alliance.

By signing this form, I acknowledge that I have received a copy of HIPAA "Your Duty to Protect Residents', Tenants', Clients' Protected Health Information (PHI)" pamphlet and that I will follow all confidentiality requirements as outlined in this document.

By signing this form, I agree to adhere to all the requirements of HIPAA.

By signing this form, I understand that any violation of HIPAA can result in immediate termination of my volunteer privileges.

Date: _____

Volunteer Printed Name: _____

Volunteer Signature: _____

Signature of Director of Volunteer Services: _____



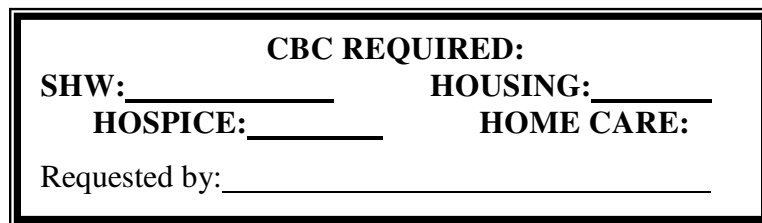
Volunteer Code of Ethics Agreement

As a Sholom Community Alliance Volunteer I am accountable for the following:

1. I will be responsible for reading and working within the guidelines and policies of the Volunteer Handbook.
2. I will be in regular attendance, notifying appropriate staff if I am unable to volunteer. If unable to reach appropriate staff, I will leave a message with the receptionist.
3. I will maintain confidentiality of residents/tenants
4. I will sign in/out when volunteering
5. I will wear my name tag only when volunteering
6. I will be professional in my attitude toward my volunteer duties; to the people I will work with and to the public.
7. I will not solicit any resident/tenant, family member, staff or other volunteer at anytime.
8. I will speak to the Director of Volunteer Services or my staff supervisor immediately regarding dissatisfaction, misunderstandings or any other concerns.

Signature of Volunteer

Date



The Minnesota Department of Human Services Background Study checks are mandatory for prospective employees, contractors, and volunteers who will have direct contact with patients and residents served by Shalom Community Alliance to provide program services. Your privacy rights are outlined in a separate notice entitled “Background Study Notice”. Items marked with an asterisk (*) are optional.

PLEASE CLEARLY PRINT ALL INFORMATION

IF YOU HAVE BEEN KNOWN BY ANY OTHER NAMES IN THE PAST TEN (10) YEARS (i.e., married names, maiden names, etc.) PRINT THEM BELOW:

I AM NOT A CURRENT SHOLOM COMMUNITY ALLIANCE EMPLOYEE: TRUE/FALSE
(If you are current employee, per company policy, you are not allowed to be a companion.)

MN DRIVERS LICENSE/MN STATE ID (if any) *:_____

TELEPHONE NUMBER *: _____ **DATE OF BIRTH:** _____

CURRENT ADDRESS: _____ Street Address

City	State	Zip Code
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PRINT BELOW THE CITIES/STATES/ZIP CODES YOU HAVE LIVED IN DURING THE *PAST TEN (10) YEARS*:

1. _____ **FROM** _____ **TO** _____
 Street Address City State Zip Code

2. _____ **FROM** _____ **TO** _____
 Street Address City State Zip Code

3. _____ **FROM** _____ **TO** _____
 Street Address City State Zip Code

4. _____ **FROM** _____ **TO** _____
 Street Address City State Zip Code

Would You Like A Copy Of The Report To Be Mailed To You? ____ Yes ____ No