

VOLUNTEER APPLICATION

Captive Hearts is an organization bringing physical, emotional, and educational resources to women in need, particularly those struggling with alcohol and substance abuse.

GENERAL INFORMATION

First & Last Name:			Date:		
Address:	City:		_ Zip:		
nail: Phone:			Birthdate:		
How did you hear about us?					
Level of Education:		Do you speak Spanish?	Yes	No	
Driver's License* #: *Please attach a photocopy of your L		Expiration Date:			
EMPLOYMENT INFORMAT	ION				
Are you currently employed?	No Yes	If yes, Position/Title:			
Company Name:	How Long		Iow Long?		
Address:	City:		Phone:		
Duties:					
Why do you want to be a volunt					
Is there a specific volunteer posi Counselor/Mentor	Events/F	undraisers Oth	ly): ner:		
What days and times are you ava		-	_		
Monday	2		day		
Thursday	Friday	Saturday	у		

REFERENCES ETHICS & CONFIDENTIALITY AGREEMENT (cont.)

Name:	Rela	Relationship:		Phone:	
Name:	Rela	ationship:			
Name:	Rela	Relationship:			
,				Yes	No
**All reference to <i>Captive Heart</i> Do you agree to allow Capt Have you ever been convict	ive Hearts to chec	ck my referer		Yes	No

TRANSPORTATION AGREEMENT

I, _______, hereby release *Captive Heats*, along with any or all its affiliates or heirs from all liability or any responsibility which may occur while I am driving any automobile while volunteering with *Captive Hearts*. I take full responsibility for any incidents or accidents which may occur while driving or transporting others, which includes clients of *Captive Hearts*, and myself.

ETHICS & CONFIDENTIALITY AGREEMENT

Upon becoming a *Captive Hearts* Volunteer, I understand and agree that I am obligated to be diligent in maintaining privacy and lifelong confidentiality concerning our clients and all our agency records (Title 42, part 2 *Code of Federal Regulations*).

I will treat all records confidentially and professionally. I will not give out or share information with anyone without the employer's/client's informed voluntary and written consent or as authorized by federal or state law, or *Captive Hearts'* policy. I will only discuss records solely with those individuals authorized to have access to them.

I will maintain information shared in staff meetings and memos in confidence from any persons outside our agency or clients in treatment, unless otherwise directed by lead staff.

I will not release confidential information from employer or client's records, in any form, without the employer or client signed consent (all releases to be cleared by Program Director), to any other party except in accordance with *Captive Hearts* policy or applicable law. I understand and agree that my obligation to maintain confidentiality will continue even after I leave the employment/volunteer position of *Captive Hearts*.

When discussing confidential employer/volunteer or client information with other for authorized purposes, I agree to exercise care to keep conversation private and not to be overheard by others not authorized to such access. I will assure files will be protected from casual use or observation.

I will not knowingly include any record or report a false, inaccurate, or misleading entry.

I will not remove any official record or report (or copy) from the office where it is kept except in performance of job responsibilities.

ETHICS & CONFIDENTIALITY AGREEMENT (cont.)

I will not seek personal benefit or permit others to benefit personally by any confidential information that has come to them by virtue of their volunteer/work assignment. I will require proper releases before discussing information pertinent to the individual's records.

Following are some examples of when you would need to remember our confidentiality policy:

- 1. A resident attends your church or community function, introduce her as a friend.
- 2. A woman comes to *Captive Hearts* saying she is a mother (or relative) of one of the residents and she would like to talk to that individual. Please refer her to staff and do not acknowledge if that person is even a resident of *Captive Hearts*.
- 3. You are telling your friend about the terrific experience as a volunteer, which is encouraged, but DO NOT use the client's name, since it is to remain CONFIDENTIAL.
- 4. If you have questions, concerns, or inquiries about a resident, discuss only with a staff member.

I have read and fully understand this *Ethics & Confidentiality Agreement* and will not discuss any information regarding past, present, and potential residents, or clients of *Captive Hearts*. I also understand that infringement of this *Ethics and Confidentiality Agreement* is a violation of the terms and condition of my employment/volunteer position, that I may be held personally liable by *Captive Hearts* and by others for claims which may arise from such violations. Any infringement of the policy concerning the confidentiality of client's records constitutes grounds for discipline up to and including termination or legal action.

WAIVER & RELEASE FROM LIABILITY

As a volunteer, I willingly choose to offer my time at *Captive Hearts* in a non-compensating position that is not eligible to receive employee benefits, like Workers' Compensation, payment, or other benefits. I understand that either party may terminate my volunteer services at any time, without cause and prior notice.

Also, as a volunteer of *Captive Hearts*, I understand that I may be participating in activities including but not limited to clerical duties, landscaping, transporting, teaching, serving food, cleaning, setting-up and tearing down tables, chairs, assisting with moving furniture, and mentoring/working with residents and/or homeless.

I am aware that participation in the activities listed above may be unsafe, but acknowledge, as a volunteer, that I will perform all work at my own risk, so our organization, *Captive Hearts*, nor its employees, assumes any liability for any accidental injury, death, or health problem arising from the work performed.

By signing and dating below, I have carefully read the *Transportation Agreement*, *Ethics & Confidentiality Agreement* and *Waiver and Release from Liability*, fully understand, and agree to follow its contents.

Volunteer's Printed Name		Volunteer's Signature	Date	
	I	FOR OFFICE USE ONLY		
Reference Checks: Yes	No	Position Assigned:	Date:	
Date of Orientation:		Reviewed By:	Date:	