



# VOLUNTEER APPLICATION

*Please print clearly and fill out the application in its entirety*

Date: \_\_\_\_\_

Name (first, middle and last)

\_\_\_\_\_

Home Address \_\_\_\_\_

Apt/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Work/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Age \_\_\_\_\_ Email \_\_\_\_\_

Employer/School \_\_\_\_\_

Work/School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Grade \_\_\_\_\_

Languages that you speak read and/or write fluently, in addition to English:

\_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Work/Other \_\_\_\_\_

Relationship \_\_\_\_\_

Have you volunteered before? \_\_\_Yes\_\_\_ No  
(If you checked yes, please continue below)

Organization Name: \_\_\_\_\_

Describe volunteer service/experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list Hobbies, Interests, Skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Why do you want to volunteer? :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days Available (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available (circle all that apply) Morning Afternoon

Please list 3 references:

Name	Relationship	Time known	Phone number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*•volunteers under the age of 18 years require Parental or/and Guardian consent to volunteer at North Hudson Community Action Corporation.*

Volunteer Name (Print) \_\_\_\_\_

Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date= \_\_\_\_\_



## PARENTAL or GUARDIAN PERMISSION and RELEASE for JUNIOR (14 - 17 years of age) VOLUNTEERS

Dear Parents or Guardians:

Your child has shown an interest in volunteering his/her services at North Hudson Community Action Corporation (NHCAC). Since he/she is a minor, you must give Parental or Guardian permission by signing the statement below and returning it to the Human Resources Department before the child starts his/her volunteer assignment .

I, ----- *hereby* give permission for my child/ward \_\_\_\_\_  
\_\_\_\_\_  
(please print) (please print)

To volunteer at NHCAC, and to receive the Physical Examination required for everyone who works/volunteers for NHCAC in any capacity, as well as for Emergency Treatment if necessary.

I agree not to hold NHCAC responsible for any illnesses or injuries that might be sustained as a result of my child volunteering at NHCAC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We also ask your cooperation in answering the following questions:

Has your child been under the care of a Physician within the past two years? \_\_\_\_\_

If YES, is your child currently able to serve as a volunteer without limitations? \_\_\_\_ Yes \_\_\_\_ NO

If NO, please describe current limitations: \_\_\_\_\_

Does your child have asthma or other respiratory disease requiring the use of a rescue inhaler? \_\_\_\_ Yes \_\_\_\_ NO

If YES, does the child have the inhaler with them at all times? \_\_\_\_ Yes \_\_\_\_ NO

Any sever allergy requiring the use of an epinephrine auto/injector. Yes NO

If YES, does your child have the epinephrine auto/injector with them at all times. \_\_\_\_ Yes \_\_\_\_ NO

Is there any other condition you would like us to be aware of? \_\_\_\_ Yes \_\_\_\_ NO

If YES, please describe \_\_\_\_\_

Primary Personal Physician : \_\_\_\_\_ Phone Number... \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



NORTH HUDSON COMMUNITY ACTION CORPORATION

INFECTIOUS DISEASE AND IMMUNIZATIONS:

MANDATORY REQUIREMENT

Please provide specific dates (day/month/year) of physician-documented illness, titer or date of immunization for the following childhood diseases. Sources of information to assist you would be Immunization records from parents, school or physician office). Volunteers serving in health centers that were born after January 1, 1957 must provide documentation of the varicella (chickenpox) and measles/mumps/rubella (MMR) vaccinations.

Condition	Had Illness	Immunized	Date
Rubeola (Red Measles)	Yes No Unsure	Yes No Unsure	_____
Mumps	Yes No Unsure	Yes No Unsure	_____
Rubella (German measles)	Yes No Unsure	Yes No Unsure	_____
MMR Vaccine	Yes No Unsure	Yes No Unsure	_____
Chicken Pox	Yes No Unsure	Yes No Unsure	_____
Hepatitis B Vaccine	-----	Yes No Unsure	_____

u•1syrs or older:

Last T-dap/Pertussis vaccination (year) \_\_\_\_\_

TUBERCULIN SKIN TEST (TST):

\_\_\_ Never had a TB Skin Test

\_\_\_ Most recent TB Skin Test Date \_\_\_\_\_ Results \_\_\_\_\_ mm \_\_\_ Negative \_\_\_ Positive

\_\_\_ History of Positive TB Skin Test \_\_\_ Yes \_\_\_ No If yes, provide date \_\_\_\_\_

\_\_\_ Chest X-Ray completed \_\_\_ Yes \_\_\_ No Date of chest x-ray result \_\_\_\_\_

\_\_\_ Have you ever taken medications to treat tuberculosis (e.g., INH)? \_\_\_ No \_\_\_ Yes

Year of Treatment \_\_\_\_\_

History of BCG Vaccine (vaccine for TB) \_\_\_ Yes \_\_\_ No \_\_\_ Unsure



## VOLUNTEER PLEDGE

*Believing that North Hudson Community Action Corporation has a real need of my service while working through the Volunteer Program:*

- *I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.*
- *I will be careful to always wear designated clothes and present a neat appearance.*
- *I will consider as confidential all information, which I may hear or see directly or indirectly at NHCAC.*
- *I will report to the supervisor in the area to which I am assigned and be sure he/she knows my name, the hours and days I will be working with him/her.*
- *I will not leave my assignment without telling him/her how long I will be gone.*
- *I will take my problems, criticisms or suggestions to the supervisor of the area I report to.*
- *If I find I cannot continue my volunteer work temporarily or permanently, I will so inform the Human Resources Department.*
- *I will up-hold the traditions and high standards of the NHCAC and the Volunteer Program.*

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*North Hudson Community Action Corporation.*

Volunteer Name (Print) \_\_\_\_\_

Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



NORTH HUDSON COMMUNITY ACTION CORPORATION

## NEW JERSEY WORKERS' COMPENSATION ACT

I \_\_\_\_\_ understand and agree with the following conditions (Please print)

Concerning services performed by me as a volunteer worker. It is understood that the New Jersey Workers Compensation Act does not cover Volunteer Workers. (This does not apply to statutory exception for volunteer ambulance drivers).

It is understood that if a Volunteer Worker is uninsured while performing services on NHCAC premises the Organization will provide at the time of injury reasonable emergency medical treatment for the injury without charge, regardless of apparent fault and that it is also understood that the provision of emergency medical services does not constitute an admission of liability on the part of NHCAC.

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Volunteer Name (Print) \_\_\_\_\_

Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



## CONFIDENTIALITY AGREEMENT VOLUNTEER SERVICES DEPARTMENT

I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES AS A VOLUNTEER OF NHCAC, I MUST HOLD MEDICAL INFORMATION IN CONFIDENCE. FURTHER, I UNDERSTAND THAT INTENTIONAL OR INVOLUNTARY VIOLATION OF NHCAC'S CONFIDENTIALITY MAY RESULT IN TERMINATION OF MY SERVICES AS A VOLUNTEER

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Volunteer Name (Print) \_\_\_\_\_

Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



## CONFIDENTIALITY STATEMENT FOR INFORMATION SECURITY

In recognition of the confidential nature of patient records and/or employee data to which I may have access, either as part of my duties at NHCAC, or because of other reasons. I \_\_\_\_\_ understand and will comply with the following: (Please print)

- I will not misuse or disclose any information without proper authorization, nor alter patient or personnel records. I will not discuss patient or employee information except as it relates to my job.
- I will not permit any other individual to use my information systems password to gain access to the above-mentioned information. I am responsible for any information entered into the computer system under my user ID and password. I will report problems related to my password/system access to my supervisor. I will request modification to my system password immediately if I suspect that someone has gained access to my sign-on password.
- I will file written/printed information in a secure place and/or dispose of it with proper regard for privacy and confidentiality.
- I will not access, report on or extract information that is not consistent with my normal job functions and responsibilities.
- I will not leave a secured computer application unattended while signed-on.

I recognize that a violation of the above conditions may constitute grounds for disciplinary action, up to and including termination of volunteer assignment.

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Volunteer Name (Print) \_\_\_\_\_

Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_





NORTH HUDSON COMMUNITY ACTION CORPORATION

## TERMINATION OF A VOLUNTEER ASSIGNMENT

I understand and agree that North Hudson Community Action Corporation appreciates my contributions of service time to the Organization.

I \_\_\_\_\_ agree to perform only the volunteer duties that are listed in the Position description that I signed when commencing my volunteer assignment.

I understand that any assistance I provide will not include any duties that require hands on contact with the patients. I understand that NHCAC is not obligated to have volunteer assistance but has decided to have assistance at its own discretion and has the right to terminate a volunteer's assignment at any time as it may see necessary.

I have read the above information and am in full understanding.

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Volunteer's Name (Sign) \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_