



Life Foundation

FIGHTING AIDS IN HAWAII AND THE PACIFIC

VOLUNTEER APPLICATION

General Information

Name		DOB	Social Security #		
Address			City	State	Zip
Telephone# Home:		Cell:	Work:		
E-Mail Home:		Work:			
How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Both		Emergency Contact Name & Telephone No.:			

Employment History/Volunteer Experience

Current Employer		Dates Employed From: To:	Position & Duties		
Company Name			Reason for Leaving		
Phone#		Supervisor's Name			
Address		City	State	Zip	
Employer		Dates Employed From: To:	Position & Duties		
Company Name			Reason for Leaving		
Phone#		Supervisor's Name			
Address		City	State	Zip	

Education

High School	Address	Degree
College	Address	Degree
Specialized Training:		
Languages spoken:		

Interest

What type of volunteer opportunity are you interested in: Please check box (es)			
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Meals Programs	<input type="checkbox"/> Mailings/Office Work	<input type="checkbox"/> Events (Aids Walk, World Aids Day, etc)
<input type="checkbox"/> Working Directly with Clients			
Is there anything not listed that you would like to help develop or participate in?			
Special Skills to Note: (e.g. license in massage therapy, data entry, web development, etc.)			

References: (Please provide at least one professional reference and two personal references)

Name	Occupation	
Address	Telephone No.	E-mail
Name	Occupation	
Address	Telephone No.	E-mail
Name	Occupation	
Address	Telephone No.	E-mail

Availability

Day (s)	Time (s)
How did you hear about Life Foundation?	
Why do you want to volunteer with us?	
When are you ready to begin volunteering?	

Other Information:

Are you able to perform the essential functions of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Please initial
Have you had a TB test in the past year? <input type="checkbox"/> If yes, Please provide TB Clearance Certificate <input type="checkbox"/> If no , We will provide listing of free TB testing sites

Volunteer Release Authorization

Please read the following carefully

Application Information: I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References: I understand that Life Foundation requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation: I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to a criminal background check in files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. I authorize Life Foundation to conduct the background investigation and release Life Foundation from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Life Foundation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Volunteer Signature

Date



Volunteer Agreement and Release from Liability

1. I agree to work for Life Foundation as a volunteer from _____ until _____.
2. As a volunteer, I understand that I choose my own hours within the scheduled volunteer opportunities at Life Foundation. I also understand that I will not be compensated for any time volunteering, nor am I entitled to benefits, including, but not limited to unemployment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of sitting, standing, lifting and carrying up to 50 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. I am not covered by Life Foundation's Workers' Compensation Program. I authorize Life Foundation to seek emergency medical treatment on my behalf in case of injury, accident or illness from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
4. As a volunteer, I release Life Foundation the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way my image (photograph or videotape), voice, and quote/written material for any informational or educational purpose, including websites, reports, brochures, and media. I acknowledge that since my participation in publications and websites produced by Life Foundation is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Life Foundation confers upon me no rights of ownership whatsoever. I release Life Foundation and its employees from liability for any claims by me or any third party in connection with my participation.
5. As a volunteer, I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against or sue Life Foundation or its employees, agents or contractors for injury or damage resulting from negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors. I hereby release and discharge Life Foundation and its officers, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now

6. have, or may have in the future, for any injury or damage resulting from my participation in the project.
7. I understand that materials and tools provided by Life Foundation are and remain the property of Life Foundation, and I agree to return these tools and any remaining materials to Life Foundation at the end of my volunteer service.
8. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, and sign it of my own free will.

IF PARTICIPANT IS UNDER 18

Signature

Print Name

Date

Signature of Parent or Guardian

Print Name

Date



CONFIDENTIALITY AGREEMENT

This form applies to Life Foundation Board of Directors, staff (full-time, part-time, temporary), interns (students, practicum placements), consultants, and volunteers.

By my signature below, I acknowledge that during the performance of my assigned duties I may have access to, use or disclose protected health information (PHI) including information relating to HIV status. I hereby agree to handle such information in a confidential manner in accordance with all stated policies and procedures during and after my employment, internship, and/or term of volunteering or consulting; and, I commit to the following obligations:

- A. I will use and disclose PHI including information relating to HIV status only in connection with and for the purpose of performing my assigned duties;
- B. I will abide by all privacy and security related policies and procedures;
- C. I will request, obtain or communicate PHI only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more protected health information than is necessary to accomplish my assigned duties;
- D. I will take reasonable care to properly secure PHI on my computer and will take steps to ensure that others cannot view or access such information. When I am away from the workstation or when my tasks are completed, I will log off my computer in order to prevent access by unauthorized users; and,
- E. I will not disclose to anyone, record or post in an accessible location my personal password(s) and will refrain from performing any tasks using another's password.

I understand that the use and disclosure of protected health information including information relating to HIV status is governed by the rules and regulations established under the federal Health Information Insurance Portability and Accountability Act of 1991 (HIPAA), as amended; Hawaii Revised Statutes §325-101 HIV Confidentiality Law; §325-16 Informed Consent for testing or disclosure; and §334-5 Confidentiality of records for Mental Health, Mental Illness, Drug Addition, and Alcoholism. Therefore, I commit to the following obligations:

- A. I will use and disclose protected health information solely in accordance with Federal and State laws as well as Life Foundation policies and procedures. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.

- B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor using the required reporting procedure.

I also understand and agree that my failure to fulfill any obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment for staff, or cancellation of intern or volunteer relationship with Life Foundation.

Signature: _____

Name Printed: _____

Date: _____

Relationship type:

- | | | |
|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> - Board of Directors | <input type="checkbox"/> - Staff | <input type="checkbox"/> - Volunteer |
| <input type="checkbox"/> - Consultant | <input type="checkbox"/> - Intern | <input type="checkbox"/> - Other |