



Volunteer Application

Last Name..... First Name.....
 Address.....
 City..... State..... Zip.....
 Phone..... Mobile.....
 Email..... Date of Birth.....

SCHOOL/INSTITUTION	CITY	STATE	DEGREE / FIELD OF STUDY

LICENSES / CERTIFICATES	DATE RECEIVED	DATE EXPIRES

Employment History Please list current or most recent jobs first.

FROM/TO	EMPLOYERS NAME & ADDRESS	POSITION	REASON FOR LEAVING

Volunteer History Please list any pertinent volunteering.

FROM/TO	AGENCY NAME & ADDRESS	DUTIES	REASON FOR LEAVING



Volunteer Application

Volunteer Areas of Focus and Availability

AREAS OF FOCUS Check All Applicable	HOURS OF AVAILABILITY	DAYS OF WEEK M T W TH F SA SU
Blood Pressure Clinics		
<input type="radio"/> Coordinator		
<input type="radio"/> On-Site Registration		
Flu Clinics		
<input type="radio"/> Reception		
<input type="radio"/> Payment		
<input type="radio"/> Line Management		
Friendly Visitor		
<input type="radio"/> Home Visit		
<input type="radio"/> Hospital Visit		
Health Fair		
<input type="radio"/> Planning Committee		
<input type="radio"/> Food Committee		
<input type="radio"/> On-Site Event Registration		
<input type="radio"/> Screening Sign-In		
Licensed Nurse		
<input type="radio"/> Cholesterol, BP, Glucose Testing		
<input type="radio"/> Flu Clinics		
<input type="radio"/> Blood Pressure Clinics		
Office Work		
<input type="radio"/> Filing		
<input type="radio"/> Mailings		
<input type="radio"/> Organization		
<input type="radio"/> Packet Assembly		
<input type="radio"/> Computer Entry		
<input type="radio"/> Phone Calls		
<input type="radio"/> Errands		
Teaching Kitchen		
<input type="radio"/> Inventory/Organization		
Well Child Clinics		
<input type="radio"/> Reception & Payment		

It is the policy of RVNA to accept volunteer positions based upon individual skills and the needs of RVNA, without unlawful regard to race, color, religion, gender, sexual orientation, marital status, national origin, ancestry, age, physical or mental disability.



Volunteer Confidentiality Agreement

Due to the sensitive nature of our business, we wish to ensure that all volunteers understand that strict confidentiality of patient information must be observed at all times. Anything heard or seen at the Agency or in connection to a patient must not be repeated outside of the building.

I affirm that I am in a position of trust as a Volunteer of the Ridgefield Visiting Nurse Association (RVNA). I will treat as confidential all information received in connection with my duties at RVNA; this information includes but is not limited to: patient information, employee records, financial and business plans, development (fundraising) information, competitive information, reports, reviews and correspondence.

I agree that this information is not to be divulged and is to be used solely in the performance of my professional or volunteer duties. Divulging confidential information is cause for dismissal and is punishable by law.

In performing volunteer services, throughout the hospital, health care facility or in the home, you may see or hear information regarding patients, be it a diagnosis, financial status or that an individual you know or a well-known personality is a patient. In performing your duties, you may also learn of information concerning the services performed for patients.

Volunteer Signature Date

RVNA Volunteer Photo Release (optional)

I hereby authorize **RVNA, aka Ridgefield Visiting Nurse Association**, to use my photograph in conjunction with my name for reproduction to any medium RVNA sees fit for purposes of advertising, marketing, exhibition, social media posts or editorial purposes.

The use of my name and photo will be utilized with the understanding that there is no monetary compensation. Usage of my name and/or photo is strictly voluntary.

Print Name Signature

Witnessed by Date



Conflict of Interest Policy for Volunteers

RVNA volunteers often have occupations, professions, businesses, financial or personal interests that relate to or interface with the RVNA operation. It is expected that Volunteers will be acutely sensitive to possible conflict of interest issues, and that they will conduct themselves in a manner that will avoid any such conflicts of interest.

Volunteers shall not use their position, employment or special knowledge about RVNA obtained in connection with their positions with RVNA to procure contracts with RVNA. They will not disseminate this information to another person for personal advantage unless this information is available to the general public.

Volunteers shall not offer or render preferential treatment to others on the basis of family ties, financial interests, friendships or political consideration.

Procedure

- 1: A candidate should discuss any questions, arising now or in the future, with the Director of Human Resources of RVNA.
- 2: List employment, business affiliations or financial interests that might present a conflict.
{Example: Owner of a supply company seeking RVNA business}

I HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND PROCEDURE.
I AM NOT INVOLVED IN ANY SUCH CONFLICTS OF INTEREST.

Signature..... Date.....



Volunteer Application Background Check Release

In connection with your application for volunteering with the Ridgefield Visiting Nurse Association, on our behalf, CBY Systems, Inc. will make inquiries including, but not limited to, your education, professional licensing, criminal history, driving history, immigration status and other data pertinent to your qualifications, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act (FCRA), you are entitled to be informed if an offer of volunteering is withheld because of information obtained from CBY and, in that event, upon your written request, RVNA will provide to you a copy of the report that we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form below authorizing, without reservation, any party contacted by CBY Systems, Inc. – including but not limited to: employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions, and private information bureaus or repositories – to furnish any or all of the above mentioned information. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name.....

Maiden Name Date of Birth.....

Other Names Used

Address City..... State..... Zip.....

Email Social Security No.

Driver's License No. State.....

Professional License No. State.....

Occupation

Graduation Date: High School..... College.....

Have you ever been convicted of a crime Yes No

If Yes, please provide full details

.....

Signature..... Date.....



Volunteer References

Volunteer Name..... Date.....

Personal Reference Business Reference

Name.....

Address.....

City..... State..... Zip.....

Phone.....

Personal Reference Business Reference

Name.....

Address.....

City..... State..... Zip.....

Phone.....



Volunteer Application

Volunteer Areas of Focus and Availability

Volunteer Name Date

AREAS OF FOCUS	HOURS OF AVAILABILITY	DAYS OF WEEK
<input type="radio"/> Administrative		
<input type="radio"/> Visit with Patient		
<input type="radio"/> Sit with Unresponsive Patient		
<input type="radio"/> Caregiver Respite		
<input type="radio"/> Transportation		
<input type="radio"/> Errands		
<input type="radio"/> Vigil Visit		
<input type="radio"/> Pet Peace of Mind		
<input type="radio"/> Mowing Patient's Lawn		
<input type="radio"/> Other		

Do you have any special talents, skills or interests that would be useful as a Hospice Volunteer, including fluency in other languages?

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If there is any additional information that you wish Hospice by RVNA to know about you, or if you need more room to answer any questions, please use the space below.

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Do you have any previous hospice volunteer experience? Yes No

If yes, when and what type of hospice volunteering?

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Do you have your own reliable transportation? Yes No

Emergency Contact

Relationship Phone

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