



## VOLUNTEER APPLICATION

**PLEASE PRINT CLEARLY.** Fill out volunteer application completely and be sure to sign when completed. You may submit one application for each volunteer posting for which you are interested. An original signature will be required on each volunteer application. Please attach a resume if available.

List the title of the employment opportunity for which you wish to apply: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">VOLUNTEER POSITION</div>	Date available: _____
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IDENTIFICATION	Last Name                      First                      Middle Initial                      Social Security Number
	Current Address                      Street and Number                      City                      State                      Zip Code
	Telephone numbers where you can be reached: Home                      Work                      Other                      Email address
	List any other names used for employment, if different from above.
	Federal law prohibits the employment of unauthorized aliens. If hired, would you be able to provide documentation that you are lawfully employable in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give status and type of visa _____                      Alien Registration Number

PERSONAL	Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____
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OTHER Information	Foreign Language: _____                      Speak? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Read? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Write? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you willing to work hours other than 8am to 5 pm and days other than Monday through Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No
	List all job related training or skills you possess and machines or office equipment you can use, such as computer equipment, types of software and hardware, etc. _____ _____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.**

I understand this application is not an employment contract, nor can it be used to create one. Volunteerism by Avenue 360 Health & Wellness has no specific term and may be terminated by the volunteer or Avenue 360 with or without notice. I acknowledge that Avenue 360 has not made any promises or representations that differ from those contained in this paragraph. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to accept as a volunteer, to hire, or if hired, termination. I understand that as a condition of volunteerism, I will be required to provide legal proof of identity. If I am offered a volunteer position with Avenue 360 and fail to provide this evidence will result in the termination of my volunteerism. I understand that Avenue 360 may conduct background inquiries on me by requesting information from various federal, state, city, and/or other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I hereby authorize Avenue 360 to request a criminal and/or civil background report. I understand that Avenue 360 may utilize any information received in determining my eligibility for volunteerism. This authorization and consent shall be valid in original, fax, or copy form. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature – Applicant: \_\_\_\_\_

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



## Agreement for Protection of Private Health Information

I understand that in the performance of my duties, I may possess sensitive and confidential information about patients receiving services from Avenue 360. In recognition of the sensitive nature of this information and the prevailing privacy laws, I agree to abide by the following:

1. If I have a fax machine in my home and receive patient information on the fax, I will place the fax machine in a private location and protect any PHI transmitted to me regarding patients in my care.
2. Upon discharge of a patient, I will return any patient information in my possession to Avenue 360 for destruction.
3. In transporting patient information to the patient's home or to Avenue 360, I understand that I must carry the information in a closed system and in a locked vehicle.
4. If a patient transfers to another home health agency or healthcare setting, a transfer of information form will be used per agency policy.
5. If I have a question about the process, I will ask my supervisor immediately for clarification.

I further understand that should I fail to honor the requirements above, that this breach may be cause for termination of my association with the agency and potentially expose me to fines and other sanctions defined in the enforcement section of the HIPAA regulations.

I have also received the "Confidentiality of Protected Health Information and Client Medical Records" document and understand its contents.

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Signature

Date

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Witness Signature

Date



# APPLICANT BACKGROUND CHECK

## Authorization to Release and Disclose Information

Avenue 360 Health & Wellness retains the authority to conduct a job-related background check on all applicants, volunteers, and contractors. All information received will be kept confidential by Avenue 360. Access to any information will be limited to the Chief Executive Officer/Human Resources Director.

Falsification of any information on this form will void your Volunteer Application/Contract and any actions based on it. The information on the Volunteer Application/Contract, together with any attachments, is the property of Avenue 360 Administration.

Once a background report is received all applicants will be given the opportunity to review the report and to respond in writing regarding any issues resulting from the report.

**PLEASE PRINT CLEARLY.**

<b>IDENTIFICATION</b>	Legal Name (Full legal name, first, middle, last)		Race	Gender
	Other Names Used (To include Maiden Name)			
	Date of Birth	Current Identification Number (No. & State issued)	Social Security Number	
	Current Address (Street and Number)		City, State, Zip Code	
	Previous Address (Street and Number)		City, State, Zip Code	

I hereby authorize Avenue 360 Health & Wellness to request a criminal and/or civil background report. I understand that Avenue 360 Health & Wellness may utilize any information received in determining eligibility for services. I hereby release Avenue 360 Health & Wellness and all its employees and agencies furnishing information, from all liability resulting from the furnishing of this information to Avenue 360 Health & Wellness. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Volunteer Application/Contract and any actions based on it.

Signature – Applicant: \_\_\_\_\_

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

## THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Criminal background check completed by: \_\_\_\_\_

Date: \_\_\_\_



## **Statement of Client Rights and Responsibilities**

As a client of Avenue 360 Health & Wellness, you have the following rights and responsibilities:

### **RIGHTS:**

1. To be served without regard to age, gender, race, color, religion, national origin, sexual orientation, political affiliation or disability.
2. To services that are considerate and respectful and free from abuse, neglect, and exploitation.
3. To privacy. No information that would directly or indirectly reveal your health and/or medical status may be disclosed to anyone outside the agency without your informed, written consent as governed by local, state, and federal law (exceptions: subpoenas from a court of law or when there is reasonable concern that harm may come to you or others).
4. To communicate about your services in a language and format that you understand.
5. To be informed of all agency rules and regulations related to your services.
6. To initiate a complaint about your services and to be informed of the agency's grievance procedure.
7. TO withdraw your consent for services and/or seek services at another agency and to do so without pressure or intimidation.
8. You have the right to know the qualifications of your care coordinator and other staff providing you with services.

### **RESPONSIBILITIES:**

1. To participate in the development and implementation of your experience in services to the extent that you are able.
2. To inform a staff member when you do not understand instructions or information that you receive.
3. To keep your scheduled appointments whether it be in a group or individual setting and/or case manager, and notify your service provider when you need to cancel or reschedule.
4. To follow through with those activities that you agree to perform and to notify your service provider when you are unable to do so.
5. To conduct yourself appropriately and respectfully while in group and when interacting with others in the group. Inappropriate behavior includes but is not limited to intoxication, threats, harassment and physical and verbal abuse.
6. To communicate your needs to your assigned staff member so that appropriate action may be taken to meet your needs.



## **Receipt and Acknowledgement of Statement of Client Rights**

I have received/read a copy of the Avenue 360 the Statement of Client Rights and Responsibilities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Confidentiality Agreement

I understand that any and all information that I receive while performing my duties as a Avenue 360 volunteer/intern/contractor/locum is strictly confidential.

I agree to not remove from Avenue 360 any materials that may jeopardize Avenue 360's volunteers, interns, board members, donors, and/or staff in any way or to disclose any information of a confidential nature either while performing my duties or after I have terminated my involvement with Avenue 360.

I understand that revealing a person's HIV/AIDS status without their written consent is a violation of Section 81.101 est. seq. of the Health and Safety Code of the Acts of the State of Texas, 1989 and is subject to both criminal and civil penalties.

Information pertaining to substance abuse/use and/or treatment is subject to 42 CFR Part II.

By signing this consent, I understand fully the Confidentiality Agreement.

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Signature

Date

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Witness Signature

Date