

Деловая переписка (письма, телеграммы, факсы)

Входящие документы

Выходящие

Итого

Сведения

Итого

Уведомления (входящие)

Выходящие

Итого

Оформление документов (входящих и исходящих)

Сведения

Сведения

Итого

Итого

Итого

Сведения

Итого

Итого

Итого

Сведения о состоянии дел (входящих и исходящих)

Сведения о состоянии дел (входящих и исходящих) - продолжение

Сведения о состоянии дел (входящих и исходящих) - продолжение

Сведения о состоянии дел (входящих и исходящих) - продолжение

Сведения о состоянии дел (входящих и исходящих) - продолжение

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Disclosure and Authority to Release Information

I understand that in processing my application to volunteer for Purple Angels (managed by Mt. Vernon House Assisted Living) a Background Study may be conducted to obtain and verify information relating to my past activities and background. Information may include, but not limited to, criminal records, personal references, and any data provided on this application.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liabilities as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Mount Vernon House Assisted Living, and their agent of Human Services, from any liability. A copy of your Background Study results will be mailed to your house.

I hereby certify that all statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my volunteering or application.

Last Name	First Name	Middle Name
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Street Address

City	State	Zip Code
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Home Phone	Cell/Work Phone
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Email Address

Other First/Last Names used (such as maiden or nick names)

Drivers License Number	State Issued	Exp Date
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Signature	Date
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Parent/Guardian Name	Signature	Date
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If under Age 18, please have parent or guardian sign and date.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that creates national standards to protect individual's health records and other personal information. HIPAA was designed to protect the confidentiality and security of individually identifiable health information through enforcing standards or values. It gives us a set of guidelines for protecting the privacy of residents information.

Individual identifiable health information includes health (physical and mental) and demographic information. The resident's name or information that's taken together could be used to identify a resident is considered individually identifiable health information. The resident's birth date, phone number, and street address are examples of the types of demographics that are considered individually identifiable health information.

As a volunteer you are "duty bound" to protect our residents' individual identifiable health information, even after you are no longer a volunteer with our organization. Any resident information you see, hear, or read through your volunteer or paid job is considered confidential information. This includes information in any format, electronic, written in paper, and orally communicated. Never reveal information about a resident to your family, friends, or anyone else. You have an obligation to report any known or suspected breach of resident privacy. You can do this without fear of intimidation, retaliation or threats. Immediately notify your supervisor if you believe that there is any breach of confidentiality.

I agree to the duties, obligations, responsibilities, and conditions for maintaining the privacy and confidentiality of resident information as described above. I recognize the value of sensitivity of resident information and understand that it is protected by law. I agree to keep resident information confidential for an indefinite period of time, even after I am no longer volunteering for this organization.

By signing below, I certify that all of the information in this application is true, complete, and correct. I understand that if it is not, I am disqualifying myself for a volunteer position. I also understand that I am applying for a volunteer position and that this is not an application for employment. I further agree that as a Purple Angel volunteer, I will not accept payment for my services. This includes refusing to accept gifts from residents or family members. I will also take required training where applicable.

Applicant's signature

Date

Youth under the age of 18 years require parental consent to volunteer.

Parent/Guardian Name

Signature

Date



Purple Angels

Volunteer Application Form

Thank you for applying to be a Purple Angel volunteer. The information on this form will help us find the most satisfying and appropriate volunteer service for you. Your cooperation in completing the form as thoroughly as possible is most appreciated.

Questions:

How did you learn about volunteer opportunities for Purple Angels?

What skills do you wish to share with our residents/participants?

What are your education, training, and language skills?

Describe any previous volunteer experience.

Do you have any health conditions or limitations that may be aggravated by certain volunteer jobs (i.e. sore pain, sensitive skin, allergies, etc.)?

Have you ever been convicted of a felony? [] Yes [] No If yes, please explain:
