

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC. A 501(c)(3) Nonprofit Organization

GENERAL VOLUNTEER APPLICATION

Volunteers must be 16 years of age or older

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone numbers - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Age: \_\_\_\_\_  
IF under 18, Parent or Guardian's Name: \_\_\_\_\_  
Military:  Yes  No  
If Military: How much longer will you be here before PCSing? \_\_\_\_\_

What are you interested in volunteering for? Please check all that apply.  
 Fundraising  Public Events  Training  Clerical  Grant Writing  
Other: \_\_\_\_\_

Do you work?  Yes  No If yes, where? \_\_\_\_\_

What days and hours would you be available to volunteer?  
\_\_\_\_\_

Personal Reference 1  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
How long have you known them? \_\_\_\_\_

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Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
How long have you known them? \_\_\_\_\_

What experience do you have with dogs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience do you have with training dogs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names, addresses and phone numbers of any other organization you have volunteered with or have been a member of in the past five years and their contact number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

By signing this application, I hereby certify that:

- The information I filled out in the application is the truth.
- My signature on the HIPAA form confirms I understand HIPAA and my responsibilities under HIPAA law.
- I will follow the rules, policies and procedures of Brothers and Sisters In Arms Dog Training.
- If I have a concern or a complaint I will *only* discuss it with my supervisor and then follow the policy of Brothers and Sisters In Arms Dog Training for complaints if not satisfied with the explanation or answer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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HIPAA LAW Contract

As a Service Dog Handler in Training for Brothers and Sisters In Arms Dog Training (BASDT), I understand that I may have access to certain confidential, health, financial, proprietary, research or operational information of BASDT, its employees and the handlers and their families (collectively known as "Confidential Information"). I further acknowledge that BASDT has a legal and ethical obligation to protect this Confidential Information. This same obligation applies to me while as a volunteer of Brothers and Sisters In Arms Dog Training.

In recognition of this responsibility, which constitutes an essential function as a Service Dog Handler in Training of Brothers and Sisters In Arms Dog Training, I agree as follows:

1. All Confidential Information at BASDT shall be treated as confidential. I will not access or seek to gain access to Confidential Information of any nature whatsoever except in the course of fulfilling my responsibilities.
2. I agree not to discuss handlers, their families, research or business information or other Confidential Information with anyone who is not staff at BASDT and where others can overhear the conversation. It is not acceptable to discuss handler information in public areas (On the field, on a training exercise, at a fundraiser, etc.) even if a Handler's name is not used.
3. If, in the course of performing my responsibilities, I accidentally access information or Confidential Information that might be considered inappropriate for me to access, I will notify my supervisor immediately of the date and time of the access so that if a question arises at a later time, it will be understood that the access was accidental. I will not disseminate any such information without proper authorization.
4. I will not disclose Confidential Information to those who are not authorized to receive it. In addition, I will not, without proper authorization, copy or preserve in written, electronic, or any other form Confidential Information, nor will I disseminate any such information without proper authorization. If I am in doubt about whether the authorization provided is "proper", I will ask my supervisor. These obligations shall continue both during and after termination of membership in volunteering with BASDT.
6. Violation of this Agreement may subject me to corrective action, up to and including termination, as well as penalties and legal action by state and/or federal agencies.

My signature below acknowledges that I understand the obligations imposed upon me by this Agreement, and I agree to comply with all the terms of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date