A Family Place and
Lutheran Community Services Northwest
Volunteer Application

Personal Information: (please print)

Name_____

Address_____

City_____State_____Zip Code_____

Home Phone_____Cell phone_____

Email address_____

Volunteering Information:

What would you most love to do as a volunteer? (you may select more than one)

___Childcare
___Food preparation
___Diaper Bank/Clothing Closet
___Drive the bus
___Provide transportation
___Facilities (physical labor)
___Administrative support
___Events Planning
___ Fundraising/Marketing

How did you learn about volunteering with Lutheran Community Services / A Family Place?

_____

Desired Start Date:_____Anticipated Length of Stay:_____

Hours of availability:_____

Languages spoken / skill level:_____

Other relevant skills (example: CPR/First Aid training, Food Handlers card):

_____

In Case of Emergency Notify

Name_____Phone_____

References: Please list 2 references that we may contact.

Name_____Phone_____

Name_____Phone_____

(Office Use Only) Assigned Program Coordinator:_____

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Background Check To insure the protection of Volunteers & Interns, LCSNW will perform background checks on each potential Volunteer or Intern. Eligibility for & continuation of Volunteer or Intern status will be contingent on satisfactory results of these procedures. All Volunteers or Interns will be asked to complete the attached Background Check Form.

Confidentiality Policy All client information obtained while performing the duties of any assignment at any LCSNW program including client name, information & proprietary business information, is confidential & cannot be disclosed to individuals not affiliated with LCSNW. Each individual program may have a detailed confidentiality policy that must be adhered to by Volunteers & Interns for that program. The confidentiality agreement continues even when the Volunteer or Intern is no longer with LCSNW. In addition, all Volunteers or Interns are expected to read the attached Policy Review & Confidentiality Agreement.

Liability Policy Service as an LCSNW Volunteer or Intern may involve certain risks. These may include, but are not limited to, risk of illness or injury. Volunteers or Interns are responsible for investigating the risks that may be encountered at each program site for which they undertake Volunteer or Intern service & for taking appropriate steps to minimize these risks. Volunteers or Interns may not hold LCSNW, its programs or its employees liable for any illness or injury that may occur as a result of their LCSNW service.

Driving Policy All Volunteers & Interns will be asked to complete the attached Volunteer/Intern Driving Policy.

I have read the above policies on Background Checks, Confidentiality, Liability & Driving , & I understand & agree to the policies, procedures, terms & conditions stated therein. I authorize the investigation of all matters that LCSNW deems relevant to my background & qualifications, including all information given in this Volunteer/Intern information form & in any attachments, supplemental applications or interviews. I authorize LCSNW to request & receive such information, & I release from all liability any persons, employers or other entities supplying it. I also release LCSNW from all liability that might result from making the investigation.

I further certify that:

1) All the information I have provided is true and complete to the best of my knowledge.
2) I understand that my eligibility for, & continuation of, Volunteer or Intern status is contingent upon satisfactory results of the stated identification verification procedures.
3) I understand & agree to adhere to the stated confidentiality policy.
4) I agree not to hold LCSNW, its programs or employees liable for any illness or injury that may occur as a result of my Volunteer or Intern service.
5) I have completed the driving policy and all information is complete and true to the best of my knowledge.
6) I understand that my Volunteer or Intern service may be terminated at any time at the request of myself, the Volunteer or Intern Coordinator of my program site, or the Program Manager of my program site.

Signature of Volunteer_____Date_____

Printed Name of Volunteer_____

Lutheran Community Services
NORTHWEST
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Background Check Form
(Disclosure & Authorization)

DISCLOSURE

As an applicant for employment, internship, volunteer opportunity or an employee of Lutheran Community Services NW (LCSNW), you have rights under the Fair Credit Reporting Act ("FCRA"). By this document, LCSNW discloses to you that a consumer report may be obtained. This consumer report could include information about your education, previous employment, criminal background, and driving record*; it may also include information about your credit history, when that information is related to your job functions*. If LCSNW obtains a consumer report about you, and if LCSNW considers any information in the consumer report when making a decision that directly and adversely affects you, LCSNW will provide you with a copy of the consumer report & a summary of your rights under the FCRA before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA.

_____

Applicant Signature Date

AUTHORIZATION

By signing below, I acknowledge that I have received the foregoing disclosure that LCSNW may obtain a consumer report as part of its background check investigation. By signing below, I voluntarily authorize LCSNW to obtain consumer reports about me and to consider the consumer report when making decisions during the course of my service at LCSNW. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Please check one of the following boxes: ☐ Volunteer ☐ Intern

Name (last, first, full middle)_____

Other Names Used _____

Address (street, apartment #)_____

City, State, Zip Code_____

Social Security #_____Date of Birth_____

_____

Applicant Signature Date

~ Office Use Only- Program Coordinator completes this section ~

Program_____Revenue Source_____

Coordinator_____Area Office_____

Policy Review & Confidentiality Agreement

As a staff member (employee, intern, extern, volunteer, student, trainee) of LCSNW, you may have access to confidential information including client, financial or business information obtained through your association with LCSNW. The purpose of this Agreement is to help you understand your obligations and obtain your agreement to comply with these obligations regarding confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict LCSNW policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires protection of confidential information contained within our information system. Inappropriate disclosure of client data may result in the imposition of fines up to $250,000 and ten years imprisonment.

Accordingly, as a condition of and in consideration of my access to confidential information, I assert the following:

1) I have been provided a copy of or know how to access LCSNW's HIPAA Privacy Policy, LCSNW's HIPAA Security Policy and other privacy and security related documents from the agency's Administrative Manual. I agree to abide by these policies and procedures.
2) I will not access confidential information for which I have no legitimate need to know and for which I am not an authorized user.
3) I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my job responsibilities.
4) I will maintain a complex password. I will not utilize another user's password in order to access any system nor allow another to access the system utilizing my password. I will inform my local HIPAA Security staff if my password is compromised.
5) If I observe or have knowledge of unauthorized access or divulgence of confidential information I will report it immediately to my supervisor or to the HIPAA Privacy and Security Officer (hipaa@lcsnw.org).
6) I will not seek personal benefit or permit others to benefit personally by any confidential information that I may have access to or that I access as an unauthorized user.
7) I will only install software on my computer in consultation with IT staff.
8) I understand that all information, regardless of the media on which it's stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which its moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of LCSNW and shall not be used inappropriately or for personal gain.
9) I will not remove any confidential information from LCSNW unless it is required as part of my job responsibilities. If I do remove confidential information from LCSNW, I will exercise the strongest caution in making sure it is secure
10) I know that e-mail is not a secure way of sending confidential information. I will not send an email containing confidential information to a user outside of LCSNW's email system without encryption technology authorized by my local HIPAA Security staff. I will not forward email containing confidential information to my personal account.

11) I know that if I use my smartphone to access company email or sensitive information in any other form, I will password protect my phone and let my HIPAA Security staff know immediately if it is lost or stolen.
12) I understand that logins and electronic communications can be monitored and are subject to internal and external audits.
13) I understand that LCSNW computers are equipped with malware protection and I will not disable the protection and will notify my local HIPAA Security staff if any malware is detected.
14) If I have regular access to or maintain client files, I will become familiar with LCSNW's policies around the use and disclosure of protected health information including proper authorization and consent to release procedures, client rights and responsibilities regarding medical records, non-routine disclosures and maintaining an accounting of disclosures.

I understand that my failure to comply with this Agreement and all LCSNW HIPAA Privacy and Security policies may result in disciplinary action, up to and including termination of employment/association with LCSNW, the imposition of fines pursuant to relevant state and federal legislation, a report to my professional regulatory body and/or legal action.

I understand that the obligations contained in this Confidentiality Agreement will continue after my employment/association with LCSNW ends.

_____

Printed Name

_____ _____

Signature Date

Note: if you are reviewing this Policy Review and Confidentiality Agreement in Essential Learning, your agreement will be documented electronically through completion of the Exam following the LCSNW Policy Review and Confidentiality Agreement. The successful completion of this exam will serve as your signature.

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Volunteer/Intern Driving Policy

☐ I will NOT be driving my personal vehicle or agency vehicle for LCSNW business purposes. Please print your name and sign.

Printed Name_____

Signature_____Date_____

☐ I WILL be driving my personal vehicle or agency vehicle for LCSNW business purposes. Please complete the rest of the page.

I agree to comply with the following policies regarding the use and operation of vehicles.

- All local, state, and federal motor vehicle laws must be adhered to.
- All drivers must have current driver license and automobile insurance. The recommended policy limits of automobile liability insurance is $100,000/$300,000 bodily injury and $100,000 property damage (or $300,000 combined single limit). In no event may the automobile liability policy limits be less than those required by the laws of the state in which you are insured.
- Vehicle will be maintained in a safe operating condition. Periodic condition checks are recommended.
- The driver and each passenger must use appropriate passenger restraint systems at all times. This includes approved child safety seats/restraints.

I fully understand the requirements outlined above and will comply with the driving policy. I authorize a DMV check.

Driver License Number_____

State in which driver license was issued _____ Expiration Date_____

Printed Name_____

Signature_____Date_____