

CARING HEARTS
Home Care Services
Volunteer Application Form

Emergency Contact:

1. Name: _____

Relationship: _____ Phone: Home/Cell _____ Phone: Work _____

2. Name: _____

Relationship: _____ Phone: Home/Cell _____ Phone: Work _____

VOLUNTEER'S BILL OF RIGHTS

1. The right to be treated with dignity and respect as a coworker.
2. The right to be oriented to the clients, staff, volunteers and policies.
3. The right to a suitable assignment, with consideration of preferences noted in application
4. The right to have guidance, direction, and continuing education from Volunteer Director as volunteer duties increase/change.
5. The right to be heard, make suggestions, and express your opinions with the volunteer director (not clients).

CONFIDENTIALITY: VOLUNTEERS

It is the policy *of HOW* to:

1. Respect clients', family, staff, and volunteers' right to privacy regarding their personal lives and their experiences while you are a volunteer.
2. Ensure that client information remains confidential and is not to be shared outside of the organization.
(HIPAA: Health Information Portability and Accountability Act)
3. Require all actual or incidental information about clients, families, employees, or facility functions to be kept in strict confidence by volunteers.
4. Require all volunteers to sign a confidentiality statement.
5. Resolve any concerns from clients, families, employees or volunteers. Communicate directly with the Volunteer Director regarding concerns or suggestions.

I understand and will honor confidentiality policy and rules.

Date

Signature

Date

Parent Signature (17 & under)

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