

Volunteer Application

Lyme Disease Resource Center, Inc
243 King St. Suite 248
PO Box 171 * Northampton, MA 01061
413 588-7388

Today's DATE: _____ Proposed Start DATE: _____

Length of Service: ♥ ___ Temporary ♥ ___ Ongoing ♥ Other: _____

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Specific Times:

Interests

Tell us in which areas you are interested in volunteering

___ Administrative Support ___ Phone bank
___ Events ___ Newsletter production
___ Field work ___ Volunteer coordination
___ Fundraising ___ Other (please share)
___ Peer Counseling

References

1.

2.

3.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from personal experience with Lyme Disease, employment, previous volunteer work, or through other activities, including hobbies..

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand a background check will be conducted within a month of my application.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

To complete this application and be considered for volunteer work I realize I must read, sign, and adhere to the attached HIPPS Confidentiality Policy Statement p. 3 of this document.

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT
Lyme Disease Resource Center, Inc

What you need to know:

- As a LYME DISEASE RESOURCE CENTER, INC volunteer, you may have access to confidential medical information. The fact that a clients is at LYME DISEASE RESOURCE CENTER, INC is confidential information.
- Federal and state laws protect this confidential information as must LYME DISEASE RESOURCE CENTER, INC
- It is illegal for you to use or disclose this confidential information outside of the scope of your volunteer duties at LYME DISEASE RESOURCE CENTER, INC. This includes verbal or written disclosure.

Guidelines for the use of this information:

You may use this information when necessary in your contact with clients

- Do not photocopy or photograph clients or their information
- Access the minimum amount of information needed to perform your volunteer assignment
- Do not record client names, dates of birth, address, phone number, social security number, etc. that may be released outside of the Center.
- You may only access confidential information of clients for whom you caring for only when the information is needed in providing services
- It is inappropriate and not permissible to discuss clients with others not involved with their participation and where others may overhear. Be aware of your surroundings when discussing confidential information
- Contact your supervisor if you have questions about the use of or disclosure of confidential health or personal information.
- When disposing of any documents with client information, do not place them in a waste can. All documents with confidential information must be placed in a shredding container

I have read and understand the information presented in this document. I realize there are civil and criminal penalties for unauthorized use and disclosure of confidential client information. I will follow the above guidelines when performing my volunteer duties at LYME DISEASE RESOURCE CENTER, INC

Print
Name _____

Signature: _____ Date: _____