



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



Volunteer Application 2018-19

VOLUNTEER APPLICANT INFORMATION									
First Name			Last Name						
Group Name, if applicable			Date of Birth						
Street Address						How do you identify?		<input type="checkbox"/> Male <input type="checkbox"/> Female	
City			State		ZIP				
Best Phone to reach you			Email Address						
School Attending, if applicable									
Employer and Address									
Emergency Contact or Parent/Guardian					Emergency Contact Phone #				
Are you 18 years of age or older?			<input type="checkbox"/> YES <input type="checkbox"/> NO		Are you volunteering to earn Student Service Learning (SSL) hours?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a crime?			<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain*				
*Conviction is not an automatic disqualifier for volunteering at FSI.									
Please provide two non-related references and their contact information so that we may contact them.									
Name:			Email Address:				Phone:		
Name:			Email Address:				Phone:		
Would you like to be included on our volunteer opportunities e-mail list? <input type="checkbox"/> YES <input type="checkbox"/> NO									
I WOULD LIKE TO SERVE IN THE FOLLOWING WAYS:									
<input type="checkbox"/> Administrative <input type="checkbox"/> Food Service <input type="checkbox"/> Child care <input type="checkbox"/> Mentoring <input type="checkbox"/> Special Events <input type="checkbox"/> Tutoring <input type="checkbox"/> Translating <input type="checkbox"/> Legal									
Is there a specific program or special event in which you want to volunteer?									
List languages you can speak other than English:									
What populations are you interested in working with? <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Young Adults <input type="checkbox"/> Adults									
Where are you interested in working? <input type="checkbox"/> Gaithersburg <input type="checkbox"/> Rockville <input type="checkbox"/> Germantown <input type="checkbox"/> Clarksburg <input type="checkbox"/> Lanham									



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AVAILABILITY *(Please check the all days and times that you are available to volunteer)*

Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Weekends	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INFORMATION YOU WOULD LIKE FAMILY SERVICES, INC. TO KNOW ABOUT YOU

Tell us about your personal philosophy, your passions, your background or previous volunteer experience.

APPLICANT'S STATEMENT AND SIGNATURE

I have read and understand the questions asked in this application. I certify that all of the answers I have given are true, accurate, and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or will be cause for immediate dismissal. Unless I noted otherwise, I authorize Family Services, Inc. to contact all my references. I hereby release Family Services, Inc. and all affiliated persons and entities, as well as any person or institution that provides Family Services, Inc. with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation, or communication.

I agree to abide by all rules and regulations of Family Services, Inc. I understand and agree that nothing in this application shall constitute an offer, a contract, or a guarantee of volunteer services or employment for a specific period of time. I understand that my volunteering may be terminated with or without cause and with or without notice at any time, at the will of Family Services, Inc. or me. In addition, I understand that Family Services, Inc. and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, or other terms and conditions of volunteering.

I consent to the use of my image in photographs, videos, or recordings taken while I am volunteering at Family Services, Inc. for use in Family Services, Inc. advertising, marketing, publication, or promotion.

Volunteers at Family Services, Inc. are prohibited from taking photos, video, or voice recordings of clients, staff, or facilities unless written consent is obtained from FSI's Volunteer Coordinator. This includes, but is not limited to, cameras and mobile devices (cell phones, iPads, etc.). Should an FSI volunteer violate this agreement, appropriate legal action will be taken.

***If the applicant is under the age of 18 (a minor), a parent/guardian must also sign below thereby offering consent and authorization for the applicant to volunteer with Family Services, Inc.**

Signature

Date

Printed name of parent or guardian if applicant is under 18 years:

Signature of parent/guardian:

If you have any questions, please email us at volunteer@fs-inc.org.
If you do not have access to a computer, please fill out printed copy and send to:
Family Services, Inc. Attn. Volunteer Coordinator
610 East Diamond Avenue, Ste. 100
Gaithersburg, MD 20877

Thank you for your interest in volunteering at Family Services, Inc. Please visit our website: www.fs-inc.org



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



FSI VOLUNTEER AGREEMENT

Family Services, Inc. (“FSI”) and all of its component programs, is a non-profit organization that provides high-quality services to foster health and well-being in the home, school, and community in Maryland’s Montgomery and Prince George’s counties. It is important that you read and understand this agreement in its entirety as it contains critical information on the **expected conduct of a volunteer, liability, and confidentiality**. ***If you are under 18 years of age, both you and your parent/guardian must read and sign this Volunteer Agreement.**

FSI has been successful in the community because it delivers its programs with respect, compassion, and professionalism. This level of respectful, compassion, and professional behavior is required of all employees and volunteers, and all people involved in the delivery of FSI programs must comply with FSI’s rules and procedures.

Commitment and Code of Conduct

- I will be respectful and courteous to clients, staff, fellow volunteers, and members of the public.
- I will arrive at my volunteer shifts on time, and if I cannot attend my scheduled shift **I will advise my volunteer supervisor directly by phone and/or email at least 24 hours before my scheduled volunteer commitment**, or as soon as reasonably possible.
- I will follow my supervisors’ requests, and will carry out reasonable job assignments (unless I advise my supervisor, in a timely way, that I am not comfortable with the task, or cannot perform the task).
- I will dress in a professional manner that is consistent with the organization’s dress code (if there is a dress code for the program).
- Important policies and procedures to maintain:
 - I will remember to **log my volunteer hours**; and
 - I will report all accidents or injuries that occur to program participants, volunteers, staff members, or members of the public.
- I will not discriminate against clients on the basis of race, religion, or cultural background.
- I will not engage in verbal, physical, or visual harassment of another participant, staff member, volunteer, or member of the public.
- I will not misuse program funds, equipment, or materials.
- I will not be in the possession or use of alcoholic beverages or illegal drugs on FSI program premises, nor will I arrive at my volunteer shift while under the influence of drugs or alcohol.
- I will not bring onto FSI property any dangerous or unauthorized materials such as explosives, firearms, weapons, or other similar items.
- I will not share any confidential information, as described below under *Liability Waiver and Confidentiality*.
- I will not threaten or act violently towards any person.
- I will not do anything that might endanger the life, safety, health or well-being of others.



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



Liability Waiver

- I confirm that I have freely come to volunteer with a program that is a component of Family Services, Inc. (FSI). I understand that I will volunteer my time and my skills and seek no payment or benefit in return, other than the satisfaction of helping the organization.
- I understand FSI will make efforts to ensure a safe volunteer environment, but cannot guarantee that I will not encounter any risks reasonably associated with their operations.
- I further understand that if I am tasked with a duty that I do not feel comfortable or skilled to perform, **I am not required to do the task**. It is **my responsibility** to advise the staff of FSI that I am not comfortable with the task.
- I understand that as a volunteer for FSI, that I am not an employee of the organization and am not entitled to any health care or worker’s compensation benefits from the organization, including treatment for any injury or conditions sustained in the course of my volunteer duties.
- I understand that I bring my personal belongings to FSI’s premises at my own risk.
- FSI is not responsible if any of my belongings or items under my personal care are lost, damaged, or stolen in the course of my volunteer duties.
- I understand and **waive and release any and all claims** for myself, my heirs, executors, administrators or assigns, against Family Services, Inc. (FSI), including their employees, volunteers, and board of directors in connection with any loss of property or financial loss, and/or any injury, illness or death which may directly or indirectly result from my participation as a volunteer.

Confidentiality

- I understand that I may come into knowledge of sensitive information during my volunteer experience with the Organization. This may include information related to the personal circumstances of clients of the Organization. I understand that I need to treat this information as confidential and only discuss it with FSI staff or program volunteers.
- I understand that any information related to donors, volunteers, staff, Board of Directors, clients, consultants, and the operation of the Organization may be of a sensitive nature, and must remain confidential.
- Volunteers at Family Services, Inc. are prohibited from taking photos, video, or voice recordings of clients, staff, or facilities unless written consent is obtained from FSI's Volunteer Coordinator. This includes, but is not limited to, cameras and mobile devices (cell phones, iPads, etc.). Should an FSI volunteer violate this agreement, appropriate legal action will be taken.

I, *(please print)* _____, have read and I understand FSI’s Volunteer Agreement, which includes our Commitment and Code of Conduct, Liability, and Confidentiality policies. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Signature of Participant

Date

**Printed name of Parent/Guardian
if participant is under 18 years of age**

Signature of Parent/Guardian



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



Corporate Confidentiality Agreement

Confidential Information is defined to include both Protected Health Information (PHI) and organizational information. PHI is medical information that identifies our patients or employees or may provide a basis for identifying our patients or employees, including demographic information. PHI relates to past, present or future physical or mental health condition and related health services. Organizational information is information such as personnel, clinical and business operations information.

I understand that in the performance of my duties as an employee/volunteer/contractor of Family Services, Inc. I may be provided, come in contact with, hear, be required to have access to and/or be involved in the processing of PHI and organizational information. I understand that it is my responsibility to protect the confidentiality of both PHI and organizational information. I understand that all forms of communication are protected, i.e. written, oral, and/or electronic form.

Family Services, Inc. prohibits access to, use of, or alteration of confidential information without appropriate authorization. Authorizations are granted only when reasonable necessary to meet business, employee, or patient needs. Once authorized access is granted, I understand that the access to confidential information is limited by my need to know and that any confidential information gained through such access may not be used for any unauthorized purpose. I may not disclose any confidential information, without valid authorization, to anyone other than employees who have a legitimate need to know.

I understand that all PHI is confidential and disclosure is governed by law and policy. I understand that PHI should never be discussed with anyone other than personnel directly responsible who have a need to know and never in public places such as corridors, elevators, open offices, the cafeteria, or other places where conversations may be overheard. I will secure printed and electronic information that contains PHI from unauthorized access.

I understand that I am required to conform to state and federal laws, including the federal Health Insurance Portability Accessibility Act (HIPPA) pertaining to the privacy and security of PHI.

I understand that I am obliged to maintain the confidentiality of confidential information at all times, both at work and off duty. Accessing or disclosing confidential information without appropriate authorization, or misuse of confidential information, is a serious infraction that may result in disciplinary action, including termination. I further understand that I could be subject to legal action.

***If you are under 18 years of age, both you and your parent/guardian must read and sign this agreement.**

Signature:

Date:

Printed name of Parent/Guardian if participant is under 18 years of age:

Signature of Parent/Guardian:
