



ACCESS CARROLL, INC.
10 DISTILLERY DRIVE * SUITE 200
WESTMINSTER, MD 21157
410-871-1478 FAX: 410-871-3219

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (Last, First, Middle Initial) _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Work or Cell Phone _____

Date of Birth _____ E-mail Address _____

Emergency Contact _____ Phone _____

Community, organization, or church affiliation (s) _____

EXPERIENCE RELATED INFORMATION

Highest level of education and/or training _____

List any education acquired you believe could be helpful to you at Access Carroll, Inc. For example: courses taken, on-the-job experience, office skills. _____

Type of volunteer work preferred

_____ Clerical () Answer phones () Filing () Data entry () Other _____

_____ Clinical () Licensed or Certified Professional () Retired Nurse () Other _____

Licensed or certified professional volunteers must complete the FTCA (Federal Tort Claims Act) Application.

Physician _____ Nurse Practitioner _____ Physician Assistant _____

RN _____ LPN _____ CMA _____ Other _____

Scope of practice of specialty _____

Why do you wish to volunteer at Access Carroll, Inc.? Give a few details about personal interests or hobbies.

Total number of hours per week you would be available to volunteer: _____ () Daytime () Evenings () Weekends
Days/times of your availability _____

WORK EXPERIENCE

Place of employment _____

Address _____

Phone _____ Supervisor _____

Describe position held _____

Dates of employment _____ Reason for leaving (if applicable) _____

REFERENCES (List names with complete addresses and telephone numbers – no relatives, please)

1. _____

2. _____

Have you ever been convicted of a crime? () No () Yes If yes, please provide details.

A current copy of the following is required:

- annual PPD results
- CPR certification (as applicable).
- measles and varicella titer results or immunization records

Signature _____ Date _____



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CONFIDENTIALITY AGREEMENT

Access Carroll, Inc. is a non-profit organization providing health services to the uninsured in Carroll County. Our patients are entitled to confidentiality in accordance with HIPAA's Protected Health Information or Electronic Protected Health Care Information. In order for our clinic to be effective, patients must feel they can seek treatment without jeopardizing their privacy.

I understand one of my responsibilities, as an employee/volunteer of Access Carroll, Inc., is to respect and maintain patient confidentiality. Staff and volunteers are expected to treat ALL data about a patient as confidential, understanding that approval to access and use such information (whether verbal, written, or electronic) is a privilege. Staff and volunteers are not to discuss or exchange information about patients, except for discussion or disclosures necessary or desirable to furnish or arrange health or social services for a patient – on a need to know basis. I understand that I may not seek patient information not required to perform my duties. I further understand that a violation of confidentiality is a serious disservice to the community and this organization.

I understand that I may be given the use of a computer workstation including the use of internet or internal e-mail or internet access enabling me to seek patient information. I will exercise this privilege in accordance with the policies and procedures of Access Carroll, Inc. I understand there is no expectation of privacy with respect to e-mail and all access in any form is granted only to support the business purposes of Access Carroll, Inc.

I have read and understand the statements above. I have read, understand, and received a copy of Access Carroll's policies and procedures on confidentiality. I recognize that sharing any of the information I see, hear or read while performing my duties associated with Access Carroll, Inc. is prohibited. I also understand any breach of confidentiality is a serious offense and subject to disciplinary action, possibly resulting in termination as an employee/volunteer at Access Carroll, Inc.

Employee's Signature _____ Date _____

Employee's Printed Name _____

Volunteer's Signature _____ Date _____

Volunteer's Printed Name _____

Parent/Guardian's Signature (for Volunteers under age 18) _____

Parent/Guardian's Printed Name _____ Date _____

Witness' Signature _____ Date _____



10 Distillery Drive, Suite 200
Westminster, MD 21157
410-871-1478
www.accesscarroll.org

PHOTO CONSENT AND RELEASE FORM

PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Access Carroll, Inc..

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of **my child** for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Access Carroll, Inc.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)



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Employee/Volunteer Health

- **ANNUAL TUBERCULOSIS SCREENING (REQUIRED)**

All volunteers at Access Carroll, Inc. are required to have an annual tuberculosis test. If you cannot show proof of same, you can make an appointment here, at Access Carroll, Inc., at no cost or call the Carroll County Health Department (410-876-4900) for test times. (If you go to the Health Department, let the nurse know you are volunteering with Access Carroll, and you will not be charged.) Remember, you must return to the administering site in 72 hours to have the test read.

- **MEASLES & VARICELLA TITERS (REQUIRED)**

Volunteers having direct patient care contact need to have their measles and varicella titers checked. That can be done at the Carroll County Health Department.

- **HEPATITIS B SERIES (PREFERRED)**

If you have not had the Hepatitis B series, you can opt to receive it at the Carroll County Health Department. You can call the Health Department for an appointment and cost for each of three injections needed for the series.



**10 Distillery Drive ~ Suite 200
Westminster, Maryland 21157
Telephone: 410-871-1478
Fax Number: 410-871-3219**

Dear Volunteer:

We are pleased to update you on our participation in the PRESIDENT'S VOLUNTEER SERVICE AWARD program as a Certifying Organization.

This AWARD is a Presidential honor recognizing the valuable contributions of volunteers nationwide who are answering President George W. Bush's call to serve others through their current volunteer activities or lifetime service. As a Certifying Organization, we will identify eligible recipients, verify their service hours, and distribute the AWARD to outstanding volunteers.

For those volunteers who haven't accumulated enough hours of service to be eligible for the AWARD or new volunteers, you are encouraged to contact us at the number listed hereon or accesscarroll@verizon.net to sign up for additional volunteer time available through our organization.

Additionally, eligible volunteer service hours are not limited to those performed on behalf of Access Carroll, Inc. In fact, service hours can be accumulated through work on a variety of projects throughout the year. The only requirement is that the hours be completed within 12 months; recipients can qualify for a new AWARD each year.

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| <p>To be eligible to receive the PRESIDENT'S VOLUNTEER SERVICE AWARD, Applicants' service hours must be confirmed by a registered Certifying Organization.</p> <p>There are three levels of the AWARD varying by hours of service completed within a 12-month period:</p> | |
| <p>Kids - 14 and younger</p> <ul style="list-style-type: none"> • Bronze Award 50 - 74 hours • Silver Award 75 - 99 hours • Gold Award 100 or more hours | <p>Adults - Ages 26 and up</p> <ul style="list-style-type: none"> Bronze Award 100 - 249 hours Silver Award 250 - 499 hours Gold Award 500 or more hours |
| <p>Young Adults - Ages 15 - 25</p> <ul style="list-style-type: none"> • Bronze Award 100-174 hours • Silver Award 175 - 249 hours • Gold Award 250 or more hours | <p>Families and Groups (two or more people)*</p> <ul style="list-style-type: none"> Bronze Award 200 - 499 hours Silver Award 500 - 999 hours Gold Award 1,000 or more hours <p>*Each member contributing at least 25 hours towards the total</p> |
| <p>PRESIDENT'S CALL TO SERVICE AWARD</p> <p>Individuals who have completed 4,000 or more volunteer service hours over the course of their lifetime are eligible to receive the PRESIDENT'S CALL TO SERVICE AWARD.</p> | |

We are excited to offer this opportunity and proud to recognize you as our volunteer!!!