

Volunteer Application

Contact Information:

Date _____

| | | | |
|------------------------------------|-------------|------------|------------|
| Full Name | | | |
| Street Address | | | |
| City, State, Zip Code | | | |
| Daytime Phone | Home _____ | Cell _____ | |
| Work Phone | | | |
| Email Address | | | |
| Are you over 18? | | | |
| Date of Birth | Month _____ | Day _____ | Year _____ |
| Employer City / Occupation | | | |
| Are you a student? If so where? | | | |

Availability

How often would you like to volunteer? (*circle choice*) Daily Weekly Monthly Other _____

Which hours and days are you available to volunteer?

| | |
|------------------------------------|-------------------------------|
| ___ Weekday mornings: M T W TH F | ___ Weekend mornings: SA SU |
| ___ Weekday afternoons: M T W TH F | ___ Weekend afternoons: SA SU |
| ___ Weekday evenings: M T W TH F | ___ Weekend evenings: SA SU |

Interests

Tell us in which areas you are interested in volunteering.

- | | |
|--|--|
| ___ Bulk Mailing | ___ Community Outreach |
| ___ Family & Children's Programs/ Kid's Club (<i>Requires fingerprinting/background check/available school year</i>) | |
| ___ Food Pantry | ___ Office Assistance |
| ___ Food Pantry Delivery | ___ HIV Testing (Certification required) |
| ___ Translators | ___ Receptionist |
| ___ Professional Assistance | ___ Serving on a Committee |

Special Events & Fundraisers:

- ___ AIDS Walk ___ Other Events & Fundraisers

Previous Volunteer Experience

Summarize your previous volunteer experience.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Others Languages

Do you speak any other languages other than English? If yes, please list below.

Miscellaneous

What motivated you to volunteer with Radiant Health Centers?

Have you ever been convicted of a Felony? If yes, please explain the circumstances.

(Note: All applications are kept confidential)

Are you currently under any course of treatment and/or medication, which may limit your ability to perform certain types of work such as driving or lifting? If yes, please explain.

| |
|--|
| |
|--|

Person to Notify in Case of Emergency

| | |
|--------------|--|
| Name | |
| Relationship | |
| Home Phone | |
| Work Phone | |

Our Policy

Due to the nature of the agency, confidentiality is of utmost importance to our clients and must be ensured. Applicants under 18 years of age must have a legal guardian co-sign the "Volunteer Agreement" in order to volunteer. Volunteers younger than 18 are considered primarily for special events such as AIDS Walk.

Thank you for completing this application and for your interest in volunteering with us Radiant Health Centers.

17982 Sky Park Circle, Suite J • Irvine, CA 92614-6482
Volunteer Coordinator – Tammy Nguyen
(949) 809-5771 • E-Mail: tnguyen@radianthealthcenters.org
Main Number: (949) 809-5700 • Fax: (949) 809-5779 • Web Site: www.radianthealthcenters.org



RADIANT HEALTH CENTERS VOLUNTEER POLICY AND CONDUCT AGREEMENT

I, _____, have read and understand the Radiant Health Centers Volunteer Orientation Manual. I agree to abide by the Policies and Procedures, Code of Responsibility, Code of Ethics, Bill of Rights, Hold Harmless Agreement, and Oath of Confidentiality within the Manual. I have also received and read the information regarding HIPAA (Health Insurance Portability and Accountability Act).

It has been explained that I have certain responsibilities as a volunteer and will as such make commitments to the program(s) I am volunteering for. If I am unable to fulfill a commitment, I will notify my supervisor as soon as possible so that a suitable replacement can be found.

I understand that my volunteering is considered to be “at-will” for both myself and Radiant Health Centers. If I cannot continue volunteering, I agree to give advance notice if possible. In addition, I am aware that failure to comply with any of the above policies, procedures, codes, oaths and statements can result in the termination of my services as a volunteer.

I understand that volunteers must maintain a firm commitment to professional conduct. Volunteers are prohibited from developing dual relationships with any client they meet through their volunteer involvement at Radiant Health Centers. Examples of dual relationships include (but are not limited to) a volunteer entering into a business, romantic or sexual relationship with a client.

I understand that all client cases are completely confidential, even to the extent that information shared with you is not to be shared with the client’s family members, friends, other Radiant Health Centers volunteers, or the volunteer’s friends and family, unless specified, writing, by the client. This confidentiality shall apply to personal, social and medical information gathered in the course of volunteer service.

I agree to promptly report issues and situations relating to client substance abuse and suicide risk with the Director of Volunteer Services and Community Outreach.

I agree to respect client’s religious and political beliefs and refrain from imposing my own personal belief systems on clients, staff and other volunteers.

I agree not to drive any Radiant Health Centers client, as a passenger in my vehicle, unless I am covered by the minimum state required insurance coverage for bodily injury. I understand that I am responsible for providing such insurance for him/herself. Proof of insurance must be provided to the Director of Volunteer Services transporting any client.

I understand that volunteers are not allowed to be named as having authority to make decisions for a client under any type of power of attorney or other legal procedure. This includes, but is not limited to, powers of attorney for medical care or finances. Volunteers matched with Radiant Health Centers clients through Radiant Health Centers are not allowed to assume responsibility for custodianship or guardianship issues for any client or for a member of the client's family.

I hereby agree to the following terms and conditions of being an Radiant Health Centers volunteer. I understand that failure to adhere to these conditions may result in my being dismissed from the Radiant Health Centers Volunteer Program.

Signature of Volunteer

Signature of Parent or Legal Guardian
(If volunteer is under age 18)

Print Name

Print Name

Date

Date



Volunteer Program

OATH OF CONFIDENTIALITY

As a volunteer of Radiant Health Centers I will have access to confidential information about Radiant Health Centers's clients. The purpose of this oath is to help me understand my duty regarding confidential information. Confidential information includes client information, HIV/AIDS status, medical records and client service records. I may learn of or have access to some or all of this information through various means including, but not limited to, Radiant Health Centers's computer systems, case files or conversations. Confidential information is valuable and sensitive and is protected by law and by strict Radiant Health Centers policies. The violation of these laws and policies will subject me to legal liabilities.

Accordingly, as a condition of and in consideration of my access to confidential information, I PROMISE THAT:

_____ I will use confidential information only as needed to perform my legitimate duties as a volunteer receiving information from Radiant Health Centers I will only access the information pertinent to the duty asked of me. I will not in any way divulge, imply, copy, release, sell, loan, review, alter, misuse, or destroy any confidential information except as properly authorized by Radiant Health Centers.

_____ I will report activities by any individual or entity that I suspect may compromise the confidentiality of Radiant Health Centers's clients.

_____ I understand that I have no legal right or ownership interest in any confidential information referred to in this agreement. Radiant Health Centers may at any time revoke my authorization or access to any information.

_____ I understand that these laws and policies relating to confidential information apply **even after** I stop volunteering with Radiant Health Centers.

I, _____, hereby swear that all client information that I obtain shall be kept confidential, except in those circumstances authorized in writing by the client or pursuant to the provisions of the California Confidentiality of Medical Information Act of 1981, sections 56 et seq. and the Health Insurance Portability and Accountability Act of 1996. This requirement shall apply to all personal, social and medical information gathered in the course of my volunteer service. Any client information that I obtain shall not be shared with the client's family members, friends, other Radiant Health Centers volunteers, or my friends and family, unless specified by the client.

I am fully aware that this oath, executed on _____ in the County of Orange is made under the penalty of perjury under the laws of the state of California.

Signature of Volunteer

Signature of Parent or Legal Guardian
(If volunteer is under age 18)

Print Name

Print Name