



Volunteer Application Form

Thank you for applying to be a Martin Luther Campus volunteer. The information on this form will help us find the most satisfying and appropriate volunteer service for you. Your cooperation in completing the form as thoroughly as possible is most appreciated.

Questions

How did you learn about volunteer opportunities in the Martin Luther Campus?

Have you volunteered at the Martin Luther Campus or Ebenezer facility before? If so, in what capacity?

What skills do you wish to share with our residents/participants?

What are your education, training and language skills?

Describe your previous volunteer experience.

What is your most recent paid employment (company, position, dates)?

Do you have any health conditions or limitations that may be aggravated by certain volunteer jobs (i.e. sore back, sensitive skin, allergies, etc.)?

Have you ever been convicted of a felony? Yes No If yes, please explain:

Disclosure and Authority to Release Information

I understand that in processing my application to volunteer with Martin Luther Care Center, Meadow Woods or Adult Day Services (managed jointly by Ebenezer), a Background Study may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to, criminal records, personal references, and any data provided on this application.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liabilities as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless the above named Ebenezer-managed facility, and their agent the Minnesota Department of Human Services, from any liability. A copy of your Background Study results will be mailed to your house.

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my volunteering or application.

Last Name	First Name	Middle Name
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Street Address

City	State	Zip Code
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Home Phone	Cell/Work Phone
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Email Address

Other First/Last Names used (such as maiden names or nick names)	Date of Birth
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Drivers License Number	State Issued	Expiration Date
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Signature	Date
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<i>Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
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If under Age 18, please have parent or guardian sign and date

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that creates national standards to protect individual's health records and other personal information. HIPAA was designed to protect the confidentiality and security of individually identifiable health information through enforcing standards or values. It gives us a set of guidelines for protecting the privacy of resident information.

Individual identifiable health information includes health (physical and mental) and demographic information. The resident's name or information that taken together could be used to identify a resident is considered individually identifiable health information. The resident's birth date, phone number, and street address are examples of the types of demographics that are considered individually identifiable health information.

As a volunteer you are "duty bound" to protect our residents' individual identifiable health information, even after you are no longer a volunteer with our organization. Any resident information you see, hear or read through your volunteer or paid job is considered confidential information. This includes information in any format, electronic, written in paper, and orally communicated. Never reveal information about a resident to your family, friends, or anyone else. You have an obligation to report any known or suspected breach of resident privacy. You can do this without fear of intimidation, retaliation or threats. Immediately notify your supervisor if you believe that there is any breach of confidentiality.

I agree to the duties, obligations, responsibilities, and conditions for maintaining the privacy and confidentiality of resident information as described above. I recognize the value of sensitivity of resident information and understand that it is protected by law. I agree to keep resident information confidential for an indefinite period of time, even after I am no longer volunteering for with this organization.

By signing below, I certify that all of the information on this application is true, complete and correct. I understand that if it is not, I am disqualifying myself for a volunteer position. I also understand that I am applying for a volunteer position and that this is not an application for employment. I further agree that as a Martin Luther Campus volunteer, I will not accept payment for my services. This includes refusing to accept gifts from residents or family members. I will also take required training where applicable.

I authorize the above references to give Martin Luther Campus any pertinent information they may have and authorize investigation of all statements contained herein.

Applicant's signature

Date

Youth under the age of 18 years require parental consent to volunteer.

Parent/Guardian Name

Parent/Guardian Signature

Date