

Bay County Council on Aging - Volunteer Program Volunteer Enrollment Form

Volunteer Placement

		/		/	
Assignment Print Name:		Location		DateVeteran?YesNo	
Age: Date of Birth:		Male		Female	
Address:		City:		State: Zip:	
Phone: I	Email	:			
Emergency Contact:			_ Pho	ne:	
Driver's License#:		State:		_ Exp. Date/	
Auto InsuranceEvacuation/Relief Disaster		Policy#		_ Exp. Date/	
Days and hours available					
Tell us in which areas you are interested in v	<u>olunt</u>	ceering. Please circle all applicable. Congregate Site Assist - Callaway		Meals-onWheels/Home Delivery	
Activities	+			Receptionist	
	+	Congregate Site Assist - Fountain		•	
Afternoon Nutrition Program	+	Evacuation/Relief Disaster		Respite Center Volunteer	
Clerical/Office help	\dashv	Fall Festival		Volunteer Advisory Board	
Community Based Volunteering	$\bot\!\!\!\!\!\bot$	Handy Person		Volunteer Transportation	
Congregate Site Assist-Coulliette Center	$\perp \downarrow$	Kitchen Assistant		Yard Maintenance	
Congregate Site Assist – Bayou George		LIHEAP/Energy Assistance		Special Deliveries	
List any special Skills. Do you have any previous volunteer experi Required Documents: 1. Copy of Driver's Background Screening: A formal background check than 20 hours a month. A national sex offender and agency's Good Moral Character affidavit. I certify that the information supplied by me is true and congive Bay County Council on Aging permission to release in informational materials. I agree to keep any information the performance of my volunteer duties, it is my responsibility driving privileges are revoked or suspended.	s Lick will abuse rect to aformat I mainto main	ense 2. Proof of Automobile be required for all volunteers who proving registry screening will be conducted on the best of my knowledge and that I have reaction about my volunteer service such as take pay learn about Council on Aging Program Recontain motor vehicle insurance, maintain a valid	de a on all volu d and un photos a	de-on-one client service and volunteer more inteers. All volunteers will sign the inderstood the contents of this enrollment form. Ind/or videos for the purpose of education and confidential. If I use my vehicle in the	
Signature:	Pan	e 2 – on reverse please complete	_ <mark>Dat</mark>	te:	
For Office Use Only: Vol.ReporterWelcomeLetterFolder Copies to: MOWRespiteBayou Geo BCCOA Staff Signature	_NS(Site	ORSUGGoogleContacts #3 ActivitiesCallaway	Cli	ent Transport Request Form	
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Bay County Council on Aging Client Privacy and Confidentiality Disclosure

Dear Volunteer:

In order to comply with the Public Law 104-01 known at the Health Insurance Portability and Accountability Act (HIPAA), Bay County Council on Aging, Inc. is required to assure that the confidentiality of our clients and client records will be maintained by all entities with which Bay County Council on Aging will conduct business with.

Under Section 164.506 (C)(1) provides clients with the opportunity to restrict disclosure through mutual documentation between the agency and the client. Volunteers/Station Associates will be asked to sign this statement in acknowledgement and adherence of the following:

- 1. The Volunteer/Station Associate will take all appropriate safeguards to insure further disclosures of PHI.
- 2. The Volunteer/Station Associate will report any illegal disclosures to this agency.
- 3. In addition electronic transmission utilizing: facsimile and e-mail (must be sent in a confidential loop to a designated recipient.)
- 4. The Volunteer/Station Associate will not use Private Health information (PHI) for purposes other than billing or service for clients.
- 5. The Volunteer/Station Associate will assure the protection of PHI with Volunteers, Volunteer Stations or others who receive information concerning PHI from this agency.
- 6. The Volunteer/Station will return or destroy the PHI at the end of the contract with the agency.

7. The Volunteer has been trained	in 03C1 Congregate Assessment Forms	/(initials)
	vo	olunteer / trainer
Volunteer Name (Print)	Volunteer Signature	Date

Revised 06/2019