

Application for Volunteer Service

Julia's Center

Four (4) page document...All pages must be completed

To protect fellow volunteers and our clients, a Criminal Background Check is required for all volunteers. It takes approximately two weeks to process your application.

Please mail or drop-off the completed the application at:

Julia's Center for Healthcare
1947 Ave. K Building A #400
Plano, TX 75074

The Center is open on Thursdays at 5pm.

Volunteers should report by 6:00 pm. and are *usually* done by 9:00pm.

Please indicate how often you would like to be scheduled:

Once a week	Once Every other week	Once a month	Once every 6 weeks	Other

Are you available on Thursday evenings? _____

Date: _____

Name: _____

(Last)

(First)

Address: Street: _____ Apt.# _____

City: _____ Zip Code: _____

Phone # Home: () _____ Work: () _____

Cell: () _____ Email: _____

How long have you lived at this address? _____yrs

High School Diploma/GED: Yes _____ No _____

University/College: _____

Degree(s): _____

Texas Professional License # _____

Current?: _____

Specialty and or Specialized Training: _____

CPR Current? _____ Defibrillator Trained? _____

Portable EKG trained? _____

Languages? _____ Speak: _____

Write: _____ Read: _____

Have you had the Hepatitis B vaccination series? Yes _____ No _____

Have you had a Tuberculosis screening in the last two years? Yes _____ No _____

Volunteer Experience:

Have you had previous volunteer experience or training? _____

If yes, brief description of your duties: _____

Volunteering as: (1) Physician _____; (2) Nurse Practitioner: _____; (3) Nurse _____;
(4) Physician Assistant _____; (5) Dispensary _____
(6) Social Worker _____; (7) Translator _____; (8) General Support _____
(10) Instructor: Nutrition _____ Diabetes _____

Work Experience: Are you currently employed? _____

Employer: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Length of employment: Year(s) _____ Month(s) _____

If less than three years, please list previous employment.

Employer: _____ Position: _____

References: Please list 2 references who can best describe your skills.

Name: _____
Address: _____ State: _____ Zip: _____
Phone: _____

Name: _____
Address: _____ State: _____ Zip: _____
Phone: _____

Consent and Release for Criminal Background Check

Authorization to Conduct Investigation: I hereby give my permission to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Julia’s Center and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

This information is needed by the Texas Department of Public Safety to conduct the Criminal Background History Check.

Note: No person may serve with children, youth or other protected persons, as determined in the sole discretion of the board of Julia’s Center. If he or she has ever been convicted of, been on probation for, or has presently pending any criminal charges for any:

- Felony classified as an offense against the person or family
 - Misdemeanor classified as a sexual assault, indecency with a child, or similar offenses.
- All of the clients of the Julia’s Center are considered protected.

Please print the following information:

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Sex: _____ Date of Birth ___/___/____ Ethnicity: _____

Social Security # _____ DL# _____ State _____

Have you had a Name Change, had other Married Names or used Nicknames in the past? If so, please list them: _____

General Release from Liability: I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Julia’s Center and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, cost debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of Julia’s Center and any and all related attorney’s fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant Signature

Date

Acknowledgement of Receipt of Policy Information

Confidentiality

Confidential information is not to be discussed with or released to anyone outside the organization and should be discussed within the organization only on a “need to know” basis. Confidential information includes client information, committee records, and information concerning employees. Employees have a responsibility to avoid unnecessary disclosure of non-confidential and internal clinic information as well. This responsibility is not intended to impede normal business communications and relationships but is intended to alert employees to their obligation to safeguard confidential information.

Health Information Portability & Accountability Act (HIPAA)

This Notice of Privacy Practices is provided to all patients and volunteers in compliance with the *HIPAA* laws of patient privacy.

This Notice of Privacy Practices identifies:

1. How medical information about patients may be used or disclosed.
2. The patient’s rights to access medical information; and request additional restrictions on uses and disclosures of their medical information.
3. The patient’s rights to privacy and confidentiality.
4. The volunteer’s understanding and protection of the patient’s right to privacy and confidentiality about his/her medical condition and records.

The undersigned certifies that he/she has read the foregoing and understands he/she must be in compliance with the HIPAA laws of Privacy while working as a volunteer at Julia’s Clinic. I have been informed of the laws and regulation of the State of Texas which apply to the disclosure of confidential medical information and agree to comply with these laws. I understand that failure to comply with these regulations may result in criminal prosecution.

Name (Print)_____

Signed_____ Date_____

Witness_____ Date_____