



# Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street Town State Zip Code

Telephone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

DOB \_\_\_\_\_

I am interested in the following volunteer position(s):

SHINE Counselor

Meals Driver

Office Assistant

AAA Advisory Council

Please list previous work history:

Company Job Title Date Started Date Left Reason for leaving

\_\_\_\_\_

\_\_\_\_\_

Please describe any volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about HESSCO's volunteer opportunities?

\_\_\_\_\_

\_\_\_\_\_

Please list any special skills, talents, or hobbies you may have:

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Days available: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

Please list two references that we may contact (Non-family members):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Volunteers who are 55 and over may be eligible to participate in Norfolk County Retired and Senior Volunteer Program (RSVP) which may provide additional mileage reimbursement and supplemental insurance. Call (781) 329-5728 for information.

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**FOR OFFICE USE ONLY**

Date Application Completed: \_\_\_\_\_

Date Started: \_\_\_\_\_

Assignment: \_\_\_\_\_

\_\_\_\_\_ Nutrition    \_\_\_\_\_ CORI    \_\_\_\_\_ Site    \_\_\_\_\_ Bloomerang



**HESSCO’s Service Agreement**

In assuming the role of volunteer with HESSCO, I agree to adhere to procedures designed to protect my rights as a volunteer and those of the clients for whom I will provide services. I understand that by signing this document, I agree to the following:

I agree to work under the supervision of the program coordinator and other agency staff to carry out my assigned duty.

I agree to attend scheduled orientation/training sessions and in-service meetings.

I will treat with strict confidentiality any information concerning a client with whom I am working. I will only discuss client issues as needed with the appropriate program staff.

I understand that I may not transport clients in my car.

I agree that I will not enter into any activity with my client for commercial purpose or affect. These activities include the following:

- \* advertising, promoting or selling a product, goods or services
- \* engaging in any illegal or fraudulent activities
- \* proselytizing, for religious, union or political purposes.
- \* using knowledge of a client’s financial situation for my own benefit or financial gain or that of my employer, associates, family, friends or acquaintances.

I will never require the payment of any money or property in exchange for providing services.

I will never accept loans or gifts of money or property from a client, except non-cash personal gifts, the value of which shall not exceed \$25.00 in any calendar year.

I will make no loans or gifts of money or property to a client, except non-cash personal gifts, the value of which shall not exceed \$100.00 in any calendar year.

I will refrain from giving a client specific recommendations on matters of health care or real property.

I will contact my supervisor with any concerns I have about my client.

Volunteer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed Text Represents Signature

# HIPAA, Privacy & Security

## *Reminder for Volunteers and Employees*

**HIPAA means: Health Insurance Portability and Accountability Act** of 1996. It is a federal law designed to protect a subset of **Sensitive Information known as protected health information (PHI)**. In 2009, HIPAA was expanded and strengthened by the HITECH Act (Health Information Technology for Economic and Clinical Health).

Any information that can be used to identify a consumer – whether living or deceased – that relates to the consumer’s past, present or future physical or mental health or condition including healthcare services provided or paid for is considered PHI.

Any of the following are considered identifiers under HIPAA:

|   |                                 |
|---|---------------------------------|
| Consumer names  | Telephone numbers               |
| Social Security numbers   | E-mail addresses                |
| Dates (except year)   | Names of relatives              |
| Full face photographs or images   | Healthcare record numbers       |
| Account numbers   | Health plan beneficiary numbers |
| And any other unique number, code, or characteristic that can be linked to an individual. |                                 |

### **Forms of Sensitive Information**

It is the responsibility of everyone to protect the privacy and security of sensitive information. Sensitive Information can be printed, spoken or electronic. The improper use or disclosure of sensitive information presents the risk of identity theft, invasion of privacy, and can cause harm to those affected and those responsible. Breaches of privacy information can also result in criminal and civil penalties for both HESSCO and the individual responsible. **Breaches** occur when information that by law must be protected is lost, stolen or improperly disposed of, “hacked” into by people or programs or communicated to someone who is not authorized to receive the information.

HESSCO is required to have administrative, technical and physical safeguards to protect the privacy of PHI. Volunteer and employee education about HIPAA laws and confidentiality standards are a key piece of how we avoid breaches.

# HIPAA CONFIDENTIALITY AND PRIVACY

**HESSCO Elder Services** considers confidentiality to be of the utmost importance to the agency. Consumers, staff and volunteers need to be assured that everything possible is done to protect information that is confidential and sensitive. Employees and volunteers will have access to information on a “need to know” basis only. **Once an employee or volunteer terminates their working relationship with HESSCO the laws surrounding HIPAA and Confidentiality still apply.**

It is the responsibility of each current and past employee and volunteer to protect the confidentiality of any personal, consumer or business information of HESSCO Elder Services while working with the agency and thereafter. Information protected under this policy includes, but is not limited to, consumer records, personnel records, salary data, computerized information and general information about consumers, staff, volunteers or the agency.

Those who gain access to information inadvertently, have a responsibility to protect the confidentiality of consumer and business information and to take action to stop the further dissemination of confidential information.

It is the responsibility of each current and past employee and volunteer to understand that inappropriate disclosure of information through manual or automated systems or the sharing and/or unauthorized use of passwords of automated information systems is a violation of this policy.

**I have read and understand the HESSCO Elder Services HIPAA and Confidentiality standards and will comply with the aforementioned laws and related policies during my active relationship with HESSCO and thereafter.**

Volunteer Position \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed Text Represents Signature

## Photograph and Publicity Release Form

I, \_\_\_\_\_, give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of HESSCO Elder Services activities. I agree that HESSCO Elder Services has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the HESSCO Elder Services mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release HESSCO Elder Services and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to HESSCO Elder Services to use my name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (if under age 18)

\_\_\_\_\_  
Date

***I do not give my consent*** to HESSCO Elder Services to use my name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (if under age 18)

\_\_\_\_\_  
Date

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

**HESSCO Elder Services** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to **HESSCO Elder Services** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

**HESSCO Elder Services** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **HESSCO Elder Services** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Typed Name Here Represents Signature

Signature of CORI Subject: \_\_\_\_\_

Date: \_\_\_\_\_







## Volunteer Application Checklist

- Complete pages 1 - 2
- HESSCO Volunteer Service Agreement – page 3 - Read, sign and date
- HIPAA Confidentiality Agreement – pages 4-5 - Read, sign and Date
- CORI – Read and Sign page 6, complete page 7
- Submit completed/signed documents with **\*copy of your license** to:

Lisa Boockoff  
LBoockoff@HESSCO.org

or

Lisa Boockoff  
HESSCO  
545 South Street, Suite 300  
Walpole, MA 02081

**\*Please note: As required by the Commonwealth of Massachusetts, we MUST have a copy of a new volunteer's license attached to the completed application packet before we can process his/her application.**

**If you do not have a license,** we must verify the applicant's information with another form of government-issued photo identification such as a passport, state identification or other photo identification that has been issued by a government entity. If this is the case, we must have a copy attached to the completed volunteer packet before we can process your application.

**If you do not have a photo ID,** we MUST verify the applicant's information with a government-issued non-photogenic identification such as a birth certificate or Social Security card. If this is the case, we must have a copy attached to the application packet before we can process your application.