



VOLUNTEER SERVICE PROGRAM PROFILE

PERSONAL INFORMATION

Name:

(Last) (First) (Middle)

Street Address:

(City) (State) (Zip Code)

Home Phone: () _____ OK to leave message?

Cell Phone: () _____ OK to leave message?

Date of Birth: _____ Email Address: _____

Do you have a family member employed at NDVA? Yes No

If you answered yes, please list name of family member: _____

Have you ever volunteered or been employed with any NDVA Veterans' Home or any other contracted agency affiliated with Nebraska Department of Veterans' Affairs? Yes No

Present Occupation/Employer:

Position/Years of Service:

Special Training/ Certification:

Previous volunteer experience with any other organizations? Yes No

If yes, where?

EMERGENCY CONTACT INFORMATION

In the event of an emergency whom should we notify?

Name:

Relationship: _____ Phone: _____

VOLUNTEER SHIFT AVAILABILITY & ASSIGNMENT PREFERENCE

Please tell us which days and times you are available to provide assistance.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

Please list any current scheduling obligations: _____

How many Hours would you like to serve? _____ per _____

Community Service Based Volunteer Hours- School Requirement

Name of School: _____ Number of Hours required: _____

Title of course: _____ Deadline: _____

What do you hope to learn for your course of study? _____

HEALTH CONSIDERATIONS

Are there any known health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?

AREAS OF INTEREST FOR VOLUNTEERING

Please tell us which areas you are interested in volunteering:

- Assisting with nursing staff as a unit helper within our nursing units
- Helping transport members to and from the facility to the community
- Engaging our members in conversation by leading discussion groups
- Providing entertainment to our members by assisting our Activities Department
- Arts and Crafts Therapy
- Music Therapy
- Spending the day with a member and simply keeping them company
- Assisting with rehabilitation services
- Religious services support and pastoral visits
- Clerical support such as answering telephones, data entry, filing and taking messages.
- Gardening/Landscaping
- Library services
- Other _____

VOLUNTEER STATEMENT OF CONFIDENTIALITY

Confidentiality is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized disclosure without consent of the member and/or the member's representative.

During the course of my work as a volunteer, I may develop, use, maintain, or have incidental contact with or access to information related to members, caregivers, employees, providers, financial data, and/or any other information pertaining to NDVA's facilities' business or operations, including trade secrets, that is confidential.

I understand and agree that in performance of my duties as a volunteer of this facility:

- ❖ Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of NDVA's facilities and is to be considered strictly confidential unless specified otherwise.
- ❖ I will hold medical information regarding any past, present or future member, and Agency information in the strictest confidence.
- ❖ I further understand all information concerning written procedures, plans, computer hardware, programs and software, and manuals including this and all other policy manuals, are the confidential property of NDVA's facilities and must not be disclosed to individuals or entities outside the Agency either during or after my volunteer service has ended.
- ❖ The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with NDVA and its facilities.
- ❖ This agreement is valid for all individuals with access to confidential information, regardless of employment status.
- ❖ I understand the member has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care, and meetings with family.
- ❖ I further understand that voluntary or involuntary, willful or unwillful violation of this confidentiality will result in my volunteer services being terminated, and may result in legal action to include possible defamation lawsuit, privacy or human rights complaints, copyright, patent or trademark infringement claims, criminal charges with respect to obscene or hate materials, damage to the Agency's reputation and business interests. The legal responsibility for damages from an inappropriate disclosure could potentially rest with the individual volunteer.

I understand that violations of NDVA's Agency policies and procedures include but not limited to:

- ❖ Accessing, using, or disclosing confidential information that is not within the scope of my

authority, job, or responsibilities to NDVA and its facilities or otherwise not permitted by written policy.

- ❖ Leaving confidential information in any form in an unsecured location or environment.
- ❖ Failure to properly secure a computer workstation when leaving the immediate work area.
- ❖ Disclosing my computer system user ID and password combination to another person for any reason or using another person's computer system user ID and password combination.
- ❖ Discussing confidential information in a public place or with persons not authorized to receive such information.

I hereby agree to abide by the volunteer guidelines and facility rules and regulations and uphold member confidentiality as I fulfill my role as volunteer. I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as NDVA's Agency policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by the Agency.

Signature below indicates an acknowledgement of notification of the above notices.

Volunteer Name: First _____ MI _____ Last _____ (please print)

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if volunteer is under 19 years)
(The signature(s) acknowledge that you and/or your parent/guardian have read the above Volunteer Policy statements)

VOLUNTEER REQUIREMENTS

- ❖ Tuberculosis Testing: TB Skin test and monitoring for positive tests required.
 - TB Skin test not required for high school student volunteers
- ❖ COVID-19- required screening per Agency policy as indicated
 - COVID-19 vaccination is recommended for all volunteers
 - COVID-19 testing is recommended for all volunteers
- ❖ Annual flu vaccination: Volunteers may refuse the flu vaccination yearly but will be required to follow facility infection control procedures during influenza season.

Signature below indicates an acknowledgement of notification of the above notices.

Volunteer Signature _____ Date _____