



VOLUNTEER APPLICATION

Name _____ email _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer _____ Position _____

VOLUNTEER HISTORY

| Date Started/Ended | Organization/Company City, State | Description of Duties | Still Active? |
|--------------------|-------------------------------------|-----------------------|---------------|
| | | | |
| | | | |
| | | | |

- Skills:
- | | | |
|--|--|---|
| <input type="checkbox"/> Word | <input type="checkbox"/> Non-Profit Experience | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medical/Clinical |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Communications (social media) | <input type="checkbox"/> Social Work/Advocacy |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Marketing/Public Relations | |
| <input type="checkbox"/> Computer Research | <input type="checkbox"/> Accounting | |

Volunteer area that interests you most: Office/Admin Assistance Clinical Assistance Advocacy
 Grant Writing/Research Special Events Other _____

When are you available to volunteer? Mornings Afternoons Evenings Weekends

Approximate Start Date: _____ Approximate End Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. How did you learn about the Tuscaloosa SAFE Center? _____

2. Have you ever worked with victims of rape/sexual assault? Yes No If yes, please explain: _____

3. How would you describe yourself to someone who didn't know you? _____

4. What are your hobbies and interests? _____

5. What do you hope to gain from your volunteer experience with the SAFE Center? _____

PLEASE PROVIDE TWO REFERENCES

- 1) Name _____ email _____
 Title/Relationship _____
- 2) Name _____ email _____
 Title/Relationship _____

Are you a U.S. Citizen? Yes No

Have you ever used another name? Yes No If yes, please give name and state the name was used and explain why.

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

The SAFE Center requires every applicant to agree to an interview. When your application has been received, a time for an interview will be arranged. Your acceptance as a volunteer will be based upon your completed application, the interview, and available volunteer opportunities.

I will consider confidential all information that I may hear directly or indirectly concerning a patient, doctor or any member of personnel and will not seek information regarding a patient. I pledge to be dedicated to the mission of the Tuscaloosa SAFE Center and to abide by the Center's policies and procedures.

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. **I understand that this is an application only and not a guarantee of a position as a volunteer for the SAFE Center.**

 Signature Printed Name Date

Please return completed application via email to Nicole Hall at Nicole@tuscaloosafecenter.com or via mail to:

Brenda Maddox, Executive Director
 Tuscaloosa SAFE Center
 1601 University Boulevard East, Suite 150
 Tuscaloosa, AL 35404



VOLUNTEER PRIVACY PLEDGE

The Tuscaloosa SAFE Center is committed to respect patient privacy and protect confidential patient and business information. We comply with all governing laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations, accreditation standards, policies, procedures, and ethical guidelines.

I understand that in my service with the SAFE Center, I am trusted with private and confidential information that may include patient medical records, conversations in which a patient can be identified, donor names, financial information, business documents, information systems practices, human resources records, vendor contracts, computer software, computer passwords, memos, e-mails, copyrights, and quality assurance and performance improvement activities.

I PLEDGE THAT:

- I **WILL** protect the privacy of our patients, families, employees, business associates, donors and community in accordance with SAFE Center policy.
- I **WILL ONLY** access confidential information on a legitimate "need-to-know" basis to perform my duties.
- I **WILL NOT** show, tell, copy, give, release, sell, review, change, or trash any confidential information unless it is part of my duties. If it is part of my duties, I will follow proper procedures, such as shredding obsolete confidential information.
- I **WILL NOT** misuse or be careless with confidential information.
- I **WILL REPORT** privacy, confidentiality, or security violations to the SAFE Center Executive Director.
- I **UNDERSTAND** my access to confidential information may be audited, my access may be removed at any time, and confidential information must remain confidential during and after my services as a volunteer.
- I **AM RESPONSIBLE** for consequences that may result, including immediate termination of my services and/or civil and criminal penalties.

I HAVE READ, UNDERSTAND, AND AGREE TO THIS PLEDGE:

Signature _____

Printed Name _____

Date _____

Please return this signed form with your volunteer application to the Executive Director.