



Jackson County Public Health Volunteer Response Team

Volunteer Application

Last Name First Name Middle Name

Address City State Zip

Phone Number Alt.Phone # Cell Phone #

Best Time To Reach by phone Email Address

Employer Job/Title Work Number

Licenses Held Date of Birth

Do you currently volunteer for other organizations?
If yes, please explain.

Emergency Contact Name Phone Number Relationship

Alt. Emerg.Contact Name Phone Number Relationship

Please check those things in which you are skilled and provide further information if requested.

MEDICAL

Doctor Specialty

Nurse Specialty

Emergency Medical Professional

Veterinarian

Veterinariy Technician

First Aid

CPR

Triage

Other

Please list

OFFICE SUPPORT

Clerical - Filing, Copying

Data Entry

Software programs

Phone Receptionist

Other

Please list

Languages other than English

Spanish

Sign Language

Other:

Please list

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Please check the box that indicate how frequently you would like to volunteer.

Occasionally Regularly Only in an emergency

Are you interested in attending training or participating in practice drills?

Yes No

Do you have any special considerations you want to tell us about

Yes No

Please describe

Are you licensed to operate a motor vehicle in the State of Michigan

Yes No

Has your license to operate a motor vehicle ever been revoked?

Yes No

If yes, please explain:

Have you ever been convicted of a felony?

Yes No

Have you been convicted of a misdemeanor that resulted in imprisonment in the last 24 months?

Yes No

If yes, please explain:

Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge . If the information is incomplete or untrue I understand that my volunteer assignment can be terminated.

I give this agency permission to inquire into my background. I understand this may include my educational background, references, licenses, police records, and employment history and volunteer history. I also give permission for the holder of any such information to release it to this agency.

I hold this agency harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to this agency. I understand that this agency will use this information only as a part of its verification of my volunteer application.

Signature _____

Date _____

I understand that if I submit this consent electronically that my typed signature will suffice as my written signature. I agree to this statement.

Yes No, I will submit a signed copy

**Jackson County Public Health Volunteer Response Team
Volunteers in Emergency and Disaster Response**

Code of Conduct and Confidentiality Statement

Code of Conduct: The purpose of this code is to establish standards of conduct for all volunteers by identifying those acts or actions that are compatible with the best interest of the individuals served by this agency.

- I will treat all individuals served by this agency with the same care and compassion.
- I will not accept either directly or indirectly, any gift, gratuity, or anything of value from clients served by agency.
- I will not discuss controversial topics such as, religious beliefs, political views, nor offer medical adv outside of my role.
- I will not report for duty while under the influence of an intoxicant or controlled substance, nor w consume any such substance during working hours.
- I shall be neat and clean, and dress in a manor appropriate to the nature of my assignment.
- I understand that smoking is not permitted in buildings, or on the grounds of buildings operated by agency.
- I understand that this agency will not provide a locked spot for valuables, such as purses, and is responsible for loss or theft of personal items.
- I understand that it is against the policy of this agency, and illegal under state and federal law for volunteer, male or female, to sexually harass another volunteer.
- Accurately recording time worked is the responsibility of every volunteer. I agree to sign in and sign out every volunteer shift.
- I will exercise care and follow all operating instructions, safety standards, and guidelines when us equipment, machines, tools, etc, that belong to this agency or belong to the facility being used by this agency any equipment, machines, tools or medical supplies appear to be damaged, defective, or in need of repair, I notify the supervisor immediately.

Confidentiality Statement:

In the course of volunteering with this agency, I recognize that it is my responsibility to maintain the confidentiality of all information that identifies a client, or discloses any information about the client; and to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

I agree that I will not share any information I may obtain in verbal or written form. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with this agency.

I, Print your Name _____ have read this document, and agree to provide volunteer services in accordance with these standards.

Volunteer Signature _____ Date _____