

The Place Where Love  Grows Old

Middle School and High School Volunteer Application Form

Saint Francis Home
65 W. Clopton Street
Richmond, VA 23225

The information of this form will help us to find the most satisfying and appropriate volunteer position for you. Your cooperation in completing it is most appreciated!

Name: _____ Date: _____

Home Address _____

City: _____ State: _____ Zip code _____

Home Phone: _____ Cell phone: _____

Date of birth: _____

Middle School _____ High School _____

Previous volunteer experience: _____

Special interests or hobbies: _____

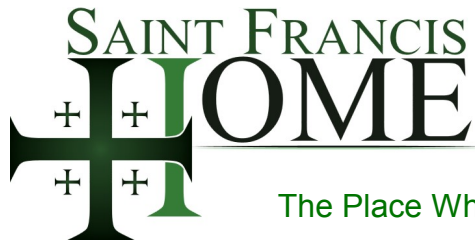
Do you need service hours for school? _____

If so, how many required? _____

Do you prefer to volunteer alone or with a group of friends? _____

Please indicate the best time slots for you to volunteer:

Week Day _____ 9:00 – 12:00 _____ 1:00 – 4:00pm
Week day evenings _____ 4:00 pm _____ after 7:00 pm
Weekend mornings _____ 9:00 am – 12:00 pm
Weekend afternoons _____ 12:00 – 3:00 pm
Weekend evenings _____ after 3:00 pm
Holidays _____ flexible
Other _____ (please indicate)



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Confidentiality and Non-Disclosure Agreement

Saint Francis Home maintains various types of Confidential Information pertaining to its business operations, residents, business associates, health care professionals and employees. For purposes of the Agreement, "Confidential Information" means all information of St. Francis Home whether in written, oral, electronic or other form, that contains individually identifiable health information regarding residents or others served by St. Francis Home. In accordance with applicable law and St. Francis Home's policies governing access, use and disclosure of Confidential Information, including individually identifiable health information, you have the responsibility to protect such information.

You are to be granted access to Confidential Information at St. Francis Home. The purpose of this Agreement is to give you information to help you understand your duties and obligations with respect to Confidential Information. Your signature on this document indicates that the information contained herein has been explained to you, you received a copy of this document and that you understand these rules.

YOU AGREE:

- To refrain from communicating information about residents in a manner that would allow others to overhear, or to discuss resident information with anyone not permitted access to such information in accordance with St. Francis Home's established policies or residents' wishes (e.g. friends, relatives, visitors, family members of residents, etc.).
- To disclose Confidential Information, whether it is about a resident, business or financial matters or an employee, ONLY to those authorized to receive that information.
- Not to release or disclose the contents of any resident or facility record or report or any other Confidential Information except to fulfill your work assignment.
- Not to remove or copy any Confidential Information, including any resident or facility record, from its storage location, except to fulfill your work assignment.
- Not to sell, loan, alter or destroy any Confidential Information except as properly authorized within the scope of your job assignment.
- Not to access or request any Confidential Information that is not necessary to perform your assigned job function.
- To respect the privacy and confidentiality of any Confidential Information you may have access to through our computers and that you will access or use only such Confidential Information as is necessary to perform your job.
- To report any suspected or known unauthorized access, use or disclosure of Confidential Information.
- To abide by all policies and procedures of Saint Francis Home regarding the privacy or security of Confidential Information, including the policies and procedures adopted by Saint Francis Home pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 and the related federal standards for the Privacy of Individually Identifiable Health Information, together with all applicable law and regulations governing the privacy or security of health information or other Confidential Information.

I further understand that the duties and obligations set forth in this document will continue after the termination, expiration and cancellation of this agreement to include my termination of employment.

A violation of the rules of this Confidentiality and Non-Disclosure Agreement may be grounds for disciplinary action, including loss of privileges, legal action or monetary damages or injunction, or both, termination of employment or any other remedy available to the facility.

Signed _____ Date _____