Thank you for your interest in volunteering with the Children's Assessment Center!
If you have any questions regarding our volunteer opportunities, please contact
Angie Kowalczyk, Volunteer Coordinator at (616) 336-5197.

Personal Information

First Name ______ Middle Initial ______ Last Name ______ Date of Birth ______

Street Address ______

City ______ State ______ Zip Code ______

Phone Number ______ Email ______

Emergency Contact/Relationship ______ Phone Number ______

Where did you hear about the CAC or who referred you? ______

Please indicate your anticipated availability between 8am and 5pm at time of application:

Mon. AM ____ PM ____ Wed. AM ____ PM ____ Fri. AM ____ PM ____

Tues. AM ____ PM ____ Thur. AM ____ PM ____

*Weekday Evenings __________ *Weekends __________

How many hours a week are you available? _____________

*Most opportunities are during the day. However, occasional evening or weekend opportunities will be available.

Education/ Employment

High School ______ Graduation Year ______

College ______ Major and Year ______

Other ______ Area of Study ______

Most Recent Employer ______ Job Title ______

Address ______ Past or Current ______

Supervisor or Employment Reference ______ Phone Number ______

References

First Name ______ Last Name ______ Phone Number ______

First Name ______ Last Name ______ Phone Number ______

Volunteer Experience

Date Organization Volunteer Responsibilities

______ ______________________________________ ____

______ ______________________________________ ____

______ ______________________________________ ____

What do you hope to gain from your volunteer experience with the CAC? _______________________________

____

____

Please explain any experience you have working with children. ____

____

____

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer. ________

____

____

____

Which volunteer position interests you? Please indicate all that apply.

__ Administrative __ Child Care __ Yard Work

__ Building and Maintenance __ Reception __ Spring/Fall Clean up

__Special Events __ Fundraising

__ Data Entry __ Photography (special events)

__ Other: _______________________________________

Have you ever been convicted of or pled no contest to a misdemeanor and/or felony? Yes __ No __

If yes, please explain: ____

____

Please read the following statements carefully and sign below

I certify that the statements I have made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I hereby grant the Children's Assessment Center permission to verify such information and ***conduct a background check including any criminal history and contacting personal, professional and volunteer references***. I hereby release the CAC from any and all claims arising in any way from their participation in such an inquiry and investigation.

I understand that, should I become injured while performing volunteer work at the Children's Assessment Center, I am not covered under the Center's insurance and assume full responsibility for any subsequent medical expenses. I hereby hold harmless the CAC for any injuries I may sustain while volunteering.

I have read and understand volunteer duties and responsibilities as outlined in the CAC's Volunteer Application and hereby agree to abide by them. **I agree to always maintain strict confidentiality regarding all clients, families, and donors involved with the Children's Assessment Center**.

____ ______________________

Volunteer's Signature Date

Please mail your completed application to

The Children's Assessment Center * 901 Michigan NE * Grand Rapids, MI 49503 * (616) 336-5160 *

CHILDREN'S ASSESSMENT CENTER
VOLUNTEER RELEASE OF INFORMATION

Full Legal Name: ____

D.O.B:____

Street Address: ____

City/State/Zip: ____

Driver's License Number: ______________________________________

Race: □ Caucasian □ African American □ Hispanic/Latino □ Native American
□ Asian □ Mixed Races □ Other

I hereby authorize permission for the Children's Assessment Center to conduct a yearly background check including reference and checking for any criminal history.

Signature: ____________________________________ Date: ______________

*Please bring your driver's license to your interview

Children's Assessment Center
Volunteer Confidentiality Statement

Through your volunteer activities and duties, you may learn of or have access to employee protected health information and protected health information of patients. Protected health information, for employees and patients, is defined as any information that identifies an individual (patient) and describes their health status, sex, age, ethnicity, or other demographic characteristics, in any format (i.e., electronic, written, or oral). Protected health information is to be maintained in a confidential manner. All protected health information is protected by law and by the privacy policies of this practice. The intent of the laws and policies is to ensure that protected health information remains confidential, and that it is used only to provide for patient care and services. Your duties, obligations and responsibilities with regard to confidentiality are described below in the form of an agreement with this practice. You are required to abide by these duties, obligations and responsibilities. Any violation will subject you to discipline, which may include termination of the volunteer agreement and legal liability from the patient and this practice.

Confidentiality Agreement - I, the undersigned volunteer, agree to the following:

1. I will use protected health information only as needed to perform my legitimate duties as a volunteer of this practice. This means, among other things, that:
    - I will only access protected health information necessary for the performance of my duties;
    - I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information, except as properly authorized by the center; and
    - I will not misuse or act carelessly with protected health information.
2. I will safeguard and will not disclose information that could provide access to protected health information by persons outside of this practice.
3. I will report activities by any person or entity that I suspect may compromise the confidentiality of protected health information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.)
4. I understand that my obligations for maintaining confidentiality of protected health information maintained by this practice will continue after termination of the volunteer agreement.
5. I understand that I have no right or ownership interest in any protected health information referred to in this agreement. The center may at any time revoke my access to confidential information. At all times during and after my volunteer agreement, I will safeguard and retain the confidentiality of all protected health information.
6. I will be responsible for any misuse or wrongful disclosure of confidential information and for my failure to safeguard my means of access to confidential information. I understand that my failure to comply with this agreement may also result in my loss of the volunteer agreement and legal liability.
7. All Center communications and Center business are strictly confidential and must be treated as such by all employees, volunteer and service providers. No one shall divulge confidential Center business including, but not limited to, files, case records, referrals, the identity of patients, clients or alleged perpetrators, Board of Directors' information, funding sources and financial status, to any person other than Center staff, assigned service providers or members of the Board of Directors. No staff member or volunteer may speak to the media without the prior approval of the Executive Director.

____
Volunteer Name (Please Print)

______________________________ _______________
Volunteer Signature Date