



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Social Security # : \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I have completed: Some high school \_\_\_\_\_ High school \_\_\_\_\_ Some College \_\_\_\_\_ College \_\_\_\_\_

If applicable, please list the school that you currently attend: \_\_\_\_\_

If applicable, please denote what academic year you are currently in:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

I need volunteer hours for academic results: \_\_\_\_\_ If yes, how many: \_\_\_\_\_

Have you ever volunteered anywhere prior to Homeland Center? \_\_\_\_\_

If yes, please detail your prior volunteer experiences and list the organizations where you volunteered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list some of your hobbies: \_\_\_\_\_

Please indicate when you are available to volunteer: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Please provide complete contact information for two people we may contact who have known you more than two years (local references preferred):

\_\_\_\_\_

\_\_\_\_\_



## HOMELAND CENTER VOLUNTEER CONFIDENTIALITY AGREEMENT

I have been asked by Homeland Center to reaffirm my commitment made at the time of my assignment to protect the confidentiality of health information. I understand that Homeland reminds its employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue. By my signature below, I acknowledge that I made the commitment set forth below at the time of my assignment, I confirm my past compliance with it, and I reaffirm my continued obligation to it.

Homeland has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. As a condition of my assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my assignment with Homeland, disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my assignment.

When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient's care.

I understand that violation of this agreement may result in corrective action, up to and including termination of my employment or volunteer experience.

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Signature of Volunteer

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Date

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Printed Name of Volunteer

*Please return completed information to:*

Ashley Brown, Assistant Director of Skilled Care Activities, Social Worker and Volunteer Coordinator  
Homeland Center  
1901 North Fifth Street Harrisburg, PA 17102  
(717) 221-7893 (office)  
(717) 221-7728 (fax)