



Volunteer Application



Date: _____

Name (Last, First, and Middle Initial)				Cell Phone No.
Volunteer Title for which you are applying				Day Phone No.
Mailing Address (Include apartment number, if any)				E-Mail Address
City	County	State	ZIP	Cell Phone No. (if different than Day Phone)
Emergency Contact		Relationship	Emergency Cell No.	Emergency Contact Home Phone:

How did you learn of this volunteer opportunity?

NVCCF Website
 Other Agency (if so which?) _____

Other Website (if so which?) _____
 Other (please list): _____

Employee or Board of Directors Member of NVCCF (is so, who?): _____

License, Registration, or Certification

You must complete this section if a license, registration, or certification is a requirement for the profession you are volunteering within.

License, Registration, or Certificate	License, Registration, or Certificate No.	Expiration Date

Background

Have you been convicted of a misdemeanor or felony in the past ten (10) years? Yes No
 (Answering Yes will not automatically exclude you from volunteering.)

Please list two personal references that we may contact:

Name	Relationship	Telephone No.
1. _____	_____	_____
2. _____	_____	_____

Reason(s) you would like to volunteer at Nevada Childhood Cancer Foundation:

Areas of Interest (check as many as apply):

HEALING ARTS

- Yoga
- Meditation Instructor
- Craniosacral Therapy
- Chi Kung / Tai Chi / Qigong
- Reflexology
- Reiki
- Massage Therapy

OTHER PROGRAMS

- Support Group Facilitator
- Art Instructor
- Knit/Crochet
- Children's programs
- Mailings
- Personal Enhancement
- Other

OTHER ASSISTANCE

- Receptionist
- Event Planning
- Marketing
- Fundraising

Date and Signature

All answers and statements on this application and any other materials I have submitted to apply for this volunteer position are true and complete to the best of my knowledge. I understand that Nevada Childhood Cancer Foundation may verify this information. Untruthful or misleading answers are cause for rejection of this application or dismissal.

Electronic applications do not require a signature. When submitted electronically, you are confirming that all information is true and complete.

Signature:

Date (Month/Day/Year)

/ /



A Program of
Nevada Childhood
Cancer Foundation



Policies for Volunteers of Nevada Childhood Cancer Foundation

The Caring Place is a program of the Nevada Childhood Cancer Foundation, a non-profit, 501 (c) 3 organization.

Our deepest intention is to provide the highest level of assistance possible to those touched by cancer. Please read the following criteria for volunteers of Nevada Childhood Cancer Foundation and sign below.

I will treat participants of Nevada Childhood Cancer Foundation (NVCCF) & The Caring Place (TCP) with utmost respect and confidentiality.

I will not diagnose, prescribe, recommend a treatment plan or suggest a change in treatment plan for participants of NVCCF, nor will I express my opinion regarding treatment plans and/or doctors.

I will not recommend nutritional changes or holistic remedies unless I am specifically licensed in those fields and have been asked to present this information to participants of NVCCF.

I will only work within the specific guidelines of my training.

I understand that NVCCF must approve any written materials that I wish to share with participants.

I will conduct myself in a professional manner always, including neat appearance and professional attire while volunteering at NVCCF.

I will maintain current licensing requirements in my field of expertise and will be responsible for having current credentials on file with NVCCF.

I understand that a background check is required for volunteer practitioners at NVCCF.

I acknowledge that NVCCF is a drug free environment, and I may be requested to take a drug test.

I will not solicit business from participants of NVCCF, even though NVCCF may choose to make my business cards and services/class description available to participants.

My time volunteering at NVCCF will not be compensated for monetarily and I will not accept payment or tips from participants at NVCCF.

I understand that upon receiving approval from NVCCF to volunteer my services, I will be under a 60-day probationary period. I understand that NVCCF reserves the right, at their sole discretion, to dismiss me from volunteer duties at any time, without cause or justification.

I have read, fully acknowledge, understand and agree to the above policies.

My Name Printed

My Signature

Date



Volunteer Disclaimer Form



I, _____, hereby release and relieve the Nevada Childhood Cancer Foundation (the "Organization"), its staff, board members, and event sponsors, from any corporate, institutional or personal liability for any personal injury or damage to property that may result from my voluntary participation with "the Organization".

I realize that I am volunteering freely and on my own accord, without expectation of payment or reimbursement of any kind, and take full responsibility for my own safety and that of anyone in my care. I understand that participation with the Organization will involve contact with cancer patients and/or their family members, friends, and caregivers. I also understand that as a volunteer for the Organization, I will uphold a certain level of respect and professionalism while conducting the activities I have been assigned.

In the event of personal injury or property damage, I will take no action against the Organization, its staff, board members and/or event sponsors, nor will any demand be made for reimbursement of expenses incurred for the treatment of personal injuries or repair of property damages.

In addition, while participating in public events regarding the Organization, I understand that my presence within photographs may appear on the Organization's website, print media, social media, television, or in promotional materials used for the benefit of the Organization and its mission.

According to the Health Insurance Portability & Accountability Act of 1996 Law (HIPAA) no volunteer is permitted to take photos of patients, their families, or NCCF participants to post or share on any social media channel. A violation of HIPAA can mean a fine ranging from \$100 to \$50,000 or more **and** up to one-year imprisonment. It also opens the door to potential law suits against NCCF and even the individual who violated HIPAA.

If at any time I feel uncomfortable regarding my involvement with the Organization, I will seek guidance from staff. I understand that I may withdraw myself from volunteer status with the Organization at any time.

Print Name: _____

Signature: _____ Date: _____

I am under the age of 18 and my father/mother/legal guardian consents to the terms contained herein.

Father/Mother/Guardian Name: _____

Signature: _____ Date: _____



STATEMENT OF PRIVACY LAWS AND THE NEVADA CHILDHOOD CANCER FOUNDATION (NCCF) POLICY

It is the legal and ethical responsibility of all NCCF staff, students, trainees, volunteers, and contractors to use, protect, and preserve personal and confidential client, employee, and NCCF business information, including medical information for clinical or case management purposes (referred to herein collectively as “confidential information”), in accordance with state and federal laws and NCCF policy.

Laws controlling the privacy of, access to, and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the State of Nevada Security of Personal Information Act (Rev. 2009; NRS 603A). These and other laws apply whether the information is held in electronic or any other format, and whether the information is used or disclosed orally, in writing, or electronically.

NCCF policies that control the way confidential information may be used include, but are not limited to, the following: NCCF policies 4.15 – 4.16, 5.1 – 5.12 outlined in the NCCF Policy and Procedures Manual. “Confidential information” includes information that identifies or describes an individual, the unauthorized disclosure of which would constitute an unwarranted invasion of personal privacy.

“Medical information” includes the following no matter where it is stored and no matter the format: medical and psychiatric records, photos, videotapes, history & physical’s, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology samples, patient business records (such as bills for service or insurance information), visual observation of patients receiving medical care or accessing services, any other written or printed document, and verbal information provided by or about a patient. Medical information, including Protected Health Information (PHI), is maintained to serve the patient, health care providers, social service providers, and to conform to regulatory requirements.

Unauthorized use, disclosure, viewing of, or access to confidential information in violation of state and/or federal laws may result in personal fines, civil liability, licensure sanctions and/or criminal penalties, in addition to NCCF disciplinary actions.



Acknowledgement of Responsibility

I understand and acknowledge that:

- The Nevada Childhood Cancer Foundation (NCCF) is, by law, considered a “Healthcare Clearing House.” Therefore, as a volunteer representing NCCF and authorized user, it is my legal responsibility to preserve and protect the privacy, confidentiality and security of all confidential information relating to NCCF, its clients, activities and affiliates, in accordance with the applicable laws and NCCF policy.
- I will access, use or disclose confidential information in the performance of NCCF volunteer duties as outlined by NCCF staff, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary to achieve the desired goal of treatment and/or assistance.
- I will discuss NCCF business and/or client confidential information for NCCF purposes only. I will not knowingly discuss any confidential information within hearing distance of other persons who do not have the right to receive the information. I will protect confidential information which is disclosed to me in the course of my relationship with NCCF and will continue to protect such information even when not active with NCCF or its clients.
- I understand that my access to all NCCF client information, both in print and electronic form, is subject to audit in accordance with NCCF policy and state regulation.
- Under state and federal laws and regulations governing a patient’s right to privacy, unlawful or unauthorized access to or use or disclosure of patients’ confidential information may subject me to disciplinary action up to and including immediate termination from my involvement with NCCF, civil fines for which I may be personally responsible, and criminal sanctions as outlined by both state and federal law.

I have read, understand, and acknowledge all of the above STATEMENTS OF PRIVACY LAWS AND NCCF POLICY and the ACKNOWLEDGEMENT OF RESPONSIBILITY:

Signature

Date

Print Name



SAFE GUARD
Background Screening™

Background Investigations: Disclosure, Authorization and Release

I, _____, hereby authorize SafeGuard Background Screening, LLC and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application for employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish SafeGuard Background Screening, LLC with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____ **Date of Birth (dd/mm/yyyy):** ___/___/___

Print Maiden Name or Other Names Used: _____

Print Father's Name/ Mother's Maiden Name (for Int'l Searches): _____

Present Address: _____

City/ State/ Zip: _____

Social Security # (or National ID#/ Passport #): _____ **Country of Issue:** _____

Driver s License Number: _____ **State of Issue:** _____

SafeGuard Background Screening, LLC may need to contact you if additional information is needed to process your background investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: () _____ - _____ Cell: () _____ - _____

For residents of, or for jobs located in, **California, Minnesota, and Oklahoma only:** You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box to the left.

New York Applicants Only: Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Signature: _____ **Date:** ___/___/___

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.