

ASHE COUNTY VOLUNTEER INITIATIVE

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Volunteer Confidentiality Agreement

Ashe County Volunteer Initiative requires that any and all information of a confidential nature be handled in a private manner. Volunteers have a moral and a legal obligation to protect the privacy of any client and or agency. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be followed.

Any and all information received by any volunteer about a client or prospective client will be considered confidential and treated as such. Confidential information concerning a client and or agency will only be disclosed according to HIPAA Guidelines. It is the policy of the agency that each volunteer has a continuing obligation to protect any and all confidential information.

Volunteers may also come into contact with confidential or sensitive information relating to Agency employees that must not be disclosed. Personal or identifying information such as names, addresses, phone numbers or salaries will not be released to people not authorized by their duties to receive such information, without the consent of management and the employee.

I have read and understand the above. I understand any violation of confidentiality standards will result in termination of volunteer services.

Signed _____ Date _____

Ashe Services for Aging is an equal opportunity provider and employer.

EDUCATION: (Optional)

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

List special training; certificates, degrees completed.

1. _____
2. _____

PERSONAL REFERENCES (other than relatives)

1. Name _____
Address _____
Phone _____
2. Name _____
Address _____
Phone _____
3. Name _____
Address _____
Phone _____

Does Ashe County Volunteer Coordinator have your permission to check each reference that you have listed? _____.

Health: (optional)

Do you have any physical or mental condition (s) that could affect your volunteer commitment? _____ If so, please describe:

COURT CONVICTIONS:

Have you ever been convicted of an offense(s) other than a minor traffic violation? If so, please list.

All statements made on this application are true, complete and are correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Signature of Applicant

Date_____