

800 Northpoint Parkway, Suite 101-B, West Palm Beach, FL 33407
 Tel: 561-683-2700 Fax: 866-843-0899

Volunteer Application			Date:	
Name:		Social Security #: - -		
Local Address:		Please enter months at local address. Seasonal? <input type="checkbox"/> From ____ to ____		
City:	State:	Zip:		
Second Address (if applicable):				
City:	State:	Zip:		
Birth date (mm/dd/yyyy): ____/____/____	Home Phone: (____)____-____	Other Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business (____)____-____		
E-mail:				
Current Employer and Position:			How long?	
Additional Employment Experience:				
Emergency Contact Person : _____ Relationship: _____				
Phone (Home): (____)____-____ Phone (Business): (____)____-____				
Education Background				
1. I have completed: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Master's <input type="checkbox"/> PhD				
2. Name of School/ College (if applicable): _____				
3. Current Academic Year (if applicable): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master's <input type="checkbox"/> PhD				
4. <input type="checkbox"/> YES, I need volunteer hours for school/ college credit. How many? _____				
Volunteer Experience (How long?):				
Personal Experience with Alzheimer's Disease:				
Why would you like to volunteer with ACC?				
Special Skills, Languages, and Formal Certifications (i.e. advanced computer skills, Spanish, First Aid, etc.):				
Interests or Hobbies (i.e. playing piano, singing, reading, arts and crafts, cooking, sports, etc.):				
General Office	Fundraising/ Events	Special Services	Patient/ Family Services	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Specific Events	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Assisting in Day Centers	<input type="checkbox"/> Serving Meals / Kitchen
<input type="checkbox"/> Typing	<input type="checkbox"/> Any Event	<input type="checkbox"/> Annual Conference	<input type="checkbox"/> Support Group Facilitator	
<input type="checkbox"/> Computer	<input type="checkbox"/> Publicity	<input type="checkbox"/> Fairs/ Exhibits (booths)	<input type="checkbox"/> Caregiver Connection Calls	
<input type="checkbox"/> Filing	<input type="checkbox"/> Outreach	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Senior Companion (60+)	
<input type="checkbox"/> Mailing Team	<input type="checkbox"/> Marketing	<input type="checkbox"/> Hurricane Assistance	<input type="checkbox"/> Electronic Bracelet Program	
How often are you available to volunteer? ____ Hours/Day ____ Days/Week ____ Days/Month				
What time of day do you prefer? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
Which days do you prefer? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				
LOCATION(S) OF INTEREST: (Please check all that apply.)				
<input type="checkbox"/> Palm Beach County <input type="checkbox"/> Martin County <input type="checkbox"/> St. Lucie County <input type="checkbox"/> Other _____				
DAY CENTERS: <input type="checkbox"/> Boca Raton <input type="checkbox"/> Boynton Beach <input type="checkbox"/> Fort Pierce <input type="checkbox"/> Greenacres <input type="checkbox"/> Lake Worth <input type="checkbox"/> Pahokee				
<input type="checkbox"/> Palm Beach Gardens <input type="checkbox"/> Riviera Beach <input type="checkbox"/> Stuart <input type="checkbox"/> N. Stuart <input type="checkbox"/> West Palm Beach				
OFFICES: <input type="checkbox"/> Boynton Beach <input type="checkbox"/> Greenacres <input type="checkbox"/> Pahokee <input type="checkbox"/> Port St. Lucie <input type="checkbox"/> Riviera Beach <input type="checkbox"/> Stuart <input type="checkbox"/> West Palm Beach				



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How did you hear about ACC? Magazine Internet Newspaper Friend Other: _____

Volunteer Privacy Information and Release Authorization

Please read the following carefully, initial on the lines provided, and sign below.

Application information _____

I certify that all information in this application is true and complete.
I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

Background investigation _____

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, or drug screening.

I authorize ACC to conduct the background investigation and release ACC from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at ACC's facilities.

I have read and understand the above and by my signature consent to these statements.

Volunteer Signature

Date

Background Check Information

ACC reserves the right to conduct state and federal background checks.

1. Have you ever been arrested for conducting or attempting to conduct a sexual offense?
 Yes No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at ACC, you agree to notify Volunteer Services. Failure to do so may result in termination.

2. Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

Yes No

Volunteer Signature

Date



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HIPAA Privacy Agreement

As a volunteer/ intern for Alzheimer's Community Care Inc., I understand that all client and patient information is to remain confidential and that volunteers/ interns and staff are prohibited from revealing confidential information for or about any agency record or document in accordance with HIPAA rules and regulations.

Volunteer Signature: _____ **Date:** ____/____/____

Confidentiality Statement

I understand that in the course of my involvement with Alzheimer's Community Care, Inc. ("the Agency") as a volunteer, I may have access to and become acquainted with information of a confidential nature which is or may be either applicable or related to the present or future business of the Agency, its business development or the business of its caregivers and patients. Such information includes, but is not limited to, compensation, donor or sponsorship data, caregiver and patient information, vendor lists, financial information, agency business strategy and data, pending projects and proposals, proprietary process, technological data, and/or patient strategies.

I agree that I will not disclose any of the above mentioned information, directly or indirectly, or use them in any way, either during the term of my employment or any time thereafter, except as required in the course of my employment with the Agency.

I further understand that I am an at-will volunteer of this Agency and that this agreement is not to be construed as constituting a promise of employment or continued volunteer work.

Volunteer Signature: _____ **Date:** ____/____/____

Photography/ Press Release

(Optional)

I hereby give my consent to the Alzheimer's Community Care, Inc. to use my photograph and/or videotape of activities for advertisement and informational purposes; i.e.: health fairs, exhibits, displays and written articles. I also give my consent to give my name to members of the local press to interview me regarding volunteerism. I also reserve the right to decline to give said members of the press any information if I so desire. This release form is revocable, and expires 364 days from the date shown below by the undersigned Responsible Party in accordance with State and Federal law.

Volunteer Signature: _____ **Date:** ____/____/____

Parent Signature (if <18 years old): _____ **Date:** ____/____/____

FOR STAFF USE ONLY	
Date Processed: / /	Welcome Letter Sent: / /
Start Date: / /	Completed Orientation: / /
Processed by:	Date: / /