

Volunteer Experience con't:

Organization

In what capacity?

LIST YOUR SPECIAL SKILLS: _____

LIST YOUR HOBBIES/INTERESTS: _____

Do you speak any other languages?:

VOLUNTEER ROLE AT JFS:

HOW DID YOU LEARN ABOUT VOLUNTEER OPPORTUNITIES?

TIMES YOU ARE AVAILABLE:

WEEKDAYS: MONDAY TIME OF DAY:

AM _____ PM _____

TUESDAY
WEDNESDAY
THURSDAY

WEEK-

ENDS _____

FRIDAY

ARE YOU EVER AVAILABLE FOR A SUNDAY SPECIAL EVENT? YES NO

We are currently looking for volunteers to join our "Supportive Community".
Please check all of the following volunteer activities that interest you.

One-Day Tasks

- Transport and chaperone patients requiring outpatient procedures
- Minor plumbing (leaky faucet, running toilet...)
- Substitute driver for JFS Transportation Department or Meals on Wheels
- Minor home repairs (light bulbs, screen doors, ...)
- Yard work Snow shoveling
- Clean out house clutter Paint Houses
- Other services that may be needed (explain below)

BRIEFLY DESCRIBE WHAT YOU HAVE TO OFFER AS A VOLUNTEER:

BRIEFLY DESCRIBE WHAT YOU EXPECT TO GAIN FROM YOUR VOLUNTEER EXPERIENCE:

PLEASE PROVIDE THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU:

NAME

HOME PHONE

WORK PHONE

1. _____

2. _____

3. _____

HAVE YOU EVER BEEN CHARGED WITH A MISDEMEANOR? YES NO
FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO
FELONY? YES NO

INDICATE YOUR AREAS OF VOLUNTEER INTEREST:

CONVERSATIONAL ENGLISH TUTOR FOR NEW AMERICANS

YAD B'YAD

PROJECT CHESSED

SHOPPER

SUPPORTIVE COMMUNITY

FRIENDLY VISITOR FOR THE ELDERLY

SPECIAL FRIEND –MENTORING PROGRAM

FOR YOUTH

OFFICE ASSISTANT AT JFS

SPECIAL COMMUNITY PROJECTS

PROFESSIONAL SERVICES

SCHOOL TUTOR

HOSPICE

CITIZENSHIP PREPARATORY
TUTOR – PREPARE FOR TEST
& INTERVIEW

I agree that the above information is correct.

Volunteer Signature

Date

STATEMENT OF CONFIDENTIALITY FOR VOLUNTEERS

As a volunteer for Jewish Family Service you are bound by professional standards of confidentiality.

Every client has the right to expect that all information about his/her treatment, including the fact that he/she is a client, will be absolutely confidential.

Specifically, this means you may not:

- Use a client's name in any conversation outside the program setting.
- Discuss one client's problems with another client.
- Describe a client's case in such a manner that the client could be identified outside the program setting.
- Give out any information, written (including copies) or oral (by phone or in person) to anyone outside the program setting. This includes telling anyone you have even had contact with the client.
- Remove any records or papers from the program setting that contain client information without written permission from all persons involved.
- Read client's record, except with the written permission of the Director of Client Services or the Case Management Supervisor.

I, the undersigned, _____, have read and understand the
(PRINT NAME)

standards regarding confidentiality and agree to abide by them.

Volunteer's signature

Date

VOLUNTEER CODE OF ETHICS

As a Jewish Family Service Volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals with whom I work. I, like them, expect to be held accountable for my actions. I will hold confidential information entrusted to me by Jewish Family Service as well as by my clients.

As a Volunteer, I agree to serve without pay, but to work with the same high standards as paid staff.

I pledge to bring to my work an attitude of open-mindedness, to remain non-judgmental and to be willing to be trained and to follow directions and guidelines as established by the Agency.

I realize that when I accept an assignment, I am making a commitment to be punctual and to carry out my assigned duty or duties in the best interest of the client.

I agree to accept the above as my code when functioning as a Jewish Family Service Volunteer and to perform my duties to the best of my ability carefully and cheerfully.

Signature

Date

THIS PARTICIPATORY AGREEMENT (the "Agreement") is executed on this _____ day of _____ 200__, by _____ (the "Volunteer") in favor of **JEWISH FAMILY SERVICE** ("JFS"), a Michigan nonprofit corporation (collectively "JFS") its affiliated organizations, directors, officers, employees, agents and representatives

I acknowledge and agree that I am voluntarily providing my personal services to and on behalf of Jewish Family Service of Metropolitan Detroit and participating in programs operated by Jewish Family Service of Metropolitan Detroit without monetary reward and of my own choosing. In doing so, I agree, for myself, my heirs and executors, that Jewish Family Service of Metropolitan Detroit shall not be responsible for any loss or damage, howsoever caused, or to myself or my property, of any kind, owned or used by me in the course of my voluntary service.

I acknowledge that Jewish Family Service does not carry insurance that supplements my own automobile insurance coverage during times when I am transporting a client. In the case of an accident, my personal insurance would serve as primary insurance.

Signature: _____

Date: _____

Volunteer Dismissal Policy

If a volunteer is having problems in his or her current role, there are a several procedures that are followed, depending on the specific situation. Some volunteers begin working in a role that ends up not being right for them. The volunteer would be offered another volunteer opportunity within JFS. Due to the large variety of volunteer opportunities at JFS, many volunteers go through several volunteer roles.

If the volunteer is having difficulty, and there is no other volunteer role appropriate within JFS, a referral is made to another volunteer agency. For example, if an older adult is volunteering and cannot hear well enough to work on the phones any longer, a referral may be made to the another social service agency who has a volunteer program that would best fit the needs of this client.

If the volunteer is not a person that should remain within JFS, and should not be referred to another agency, program staff will notify the volunteer in a closed door meeting that his/her services are no longer needed.

All volunteers who leave the agency receive an Inactive Volunteer Evaluation Form.

Volunteer Signature

Date

H.I.P.A.A Awareness for Volunteers -Confidentiality and Privacy Issues

1. What is HIPAA?

The Health Insurance Portability and Accountability Act seeks to secure our clients' personal health information. Many new guidelines have been formulated that all JFS staff and volunteers must understand and follow.

2. Whom do I contact if I have a privacy question?

Do not hesitate to call Hilary Rotenberg at 248 592 2336 if you have any concerns or questions.

3. What information is confidential?

Any client information, including names and social security numbers, that you acquire in the course of your assignment should be considered confidential. Examples are: medical appointments in transportation, income or health status documentation in prescription assistance, referrals in intake, personal conversations as a Friendly Visitor.

4. With whom can I discuss it?

Never discuss client issues with other clients or your friends or family. You can discuss pertinent issues with other JFS staff and volunteers if it is necessary to communicate clinical information or in a formal discussion setting. However, casual discussion of clients between volunteers is not appropriate.

5. What other precautions should I take?

When at JFS, make sure that faxes, notes, forms, etc., that are not in the clients chart, are not on public display. Keep them in drawers or envelopes until they can get to the appropriate worker.

When calling and leaving a message on an answering machine make sure your message is generic enough to preclude anyone else receiving confidential information. In other words, don't say, "I'll pick you up at 10:30 to go to Dr. Smith's office for your urinary tract infection." "I'll be there at 10:30" is sufficient.

When disseminating information to a third party, make sure the client has provided written permission and that no written restrictions are on file that would prohibit such action.

You may receive more specific training in the future dealing with your particular volunteer program. Until then, ask the department director of your program or Hilary Rotenberg if you have any questions.

Volunteer Signature

Date