

Volunteer Application

DayBreak



An Adult Day Program

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Administration

Activities:

Outings Music Pet Therapy Gardening Baking Arts/Crafts Other _____

Fundraising

Meal Deliveries

Newsletter production

Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

DayBreak - An Adult Day Program Confidentiality Agreement

This agreement is entered between DayBreak – An Adult Day Program and staff and all volunteers on the ____ of _____ 201__ where in DayBreak agrees for the following:

I, _____, agreed to abide by the following clauses:-

- I will maintain the confidentiality of all the participant records and any other information that involves medical management of the participant.
- I shall not disclose participant information in any manner that causes any harm to the participant or the relatives of the participant in any manner.
- I shall keep all medical history records which include papers, photos, images, and videos of the participant in a confidential manner.
- I shall ensure to keep computerized and electronic information of the participant confidential.
- **I shall maintain confidentiality with regard to the verbal discussion and observation about the participant.**
- I shall withhold all personal information of the participant such as background/personal history, social security number, telephone number, mailing address, spouse details, health insurance number etc.
- I understand that unauthorized release of participant information to those who need not know it will make me liable for legal prosecution and disciplinary action by DayBreak – An Adult Day Program.

I acknowledge to have read and understood all the clauses specified above and signify my compliance to all the clauses specified herein above. In the event of violation of any of the clauses specified above the participant and/or their family has the right to take appropriate action against me.

Staff/Vol Signature: _____ Date: _____
Director Signature _____ Date: _____