



VOLUNTEER APPLICATION

Mr. Mrs. Miss/Ms.

Name: _____
 Last First Middle Initial Nickname

Address: _____
 Street City Zipcode

_____ Home Phone Number Cell Phone Number Email Address

Birth Date: _____ Age: _____
 Month/Day/Year

Year-round Resident: Yes No If winter resident, please list months available: _____

Have you volunteered with the Osceola Council on Aging in the past? Yes No If yes, when: _____

Why do you wish to volunteer: _____

Do you prefer: Client Contact Office/Clerical Is there a specific area where you would like to volunteer? Yes No
 If yes, where: _____

VOLUNTEER AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
End Time:					

EMPLOYMENT/EXPERIENCE/EDUCATION

Are you presently employed? Yes No Employer: _____

May we contact you at work? Yes No Phone Number: _____

Previous employment experience: _____

Previous volunteer/community work: _____

Do you currently volunteer? Yes No If yes, where: _____

Special Skills/Hobbies: _____

Languages Spoken: _____

Education: Level: Grade School High School/GED Some College College Degree/Technical Certification

Area of study or career interest: _____ Are you currently a student? Yes No

CRIMINAL HISTORY

Have you ever been convicted of a felony or a felony that was reduced to a misdemeanor for sentencing purposes including DWI? (excluding any minor traffic violations only) Yes No

If yes, state the offense, location(s), date and disposition: _____

PHYSICAL/MEDICAL BACKGROUND

Do you have any physical condition or medical problem which may limit your ability to perform the work of a volunteer? Yes No

If yes, please explain: _____

Name of Your Physician: _____ Phone: _____

IN CASE OF EMERGENCY

Please Notify:

Name: _____ Relationship: _____

_____ Home Phone Number Work Phone Number Cell Phone Number

VOLUNTEER COMMITMENT TO CONFIDENTIALITY AND SERVICE

Believing that the Osceola Council on Aging has a real need for my services as a volunteer, I agree to:

1. Hold as absolutely confidential all information which I may obtain directly or indirectly concerning clients, staff or visitors;
2. Uphold the Mission of the Osceola Council on Aging during my service as a volunteer;
3. Follow the policies and procedures of the Osceola Council on Aging and area of assignment during my service;
4. Endeavor to make my work the highest quality; and
5. Make every effort to fulfill the term of my commitment of service.

I understand that my services are donated to the Osceola Council on Aging without contemplation of compensation or future employment, and given for humanitarian or charitable reasons. I verify the preceding information on this application is true. I understand that there are many types of volunteer opportunities with the Osceola Council on Aging, and that I will be required to complete an orientation, criminal background check/fingerprinting, and additional training prior to my volunteer assignment.

_____ Signature Date

PARENTAL CONSENT

I understand that my child is under the age of 18, and wishes to be considered for a volunteer assignment with the Osceola Council on Aging. I hereby give my permission for them to serve in that capacity and understand that my child will be expected to meet all the requirements of a volunteer assignment, including regular attendance and adherence to policies and procedures.

_____ Signature Date

_____ Parent Name (please print) Relationship

FOR OFFICE USE ONLY					
VOLUNTEER ASSIGNMENT					
VOLUNTEER POSITION		START DATE:		ID#	



OSCEOLA
COUNCIL ON AGING

Serving All Generations

700 GENERATION POINT, KISSIMMEE, FL 34744

PHONE: 407-846-8532 FAX: 407 846-8550

www.osceolagenerations.org

NAME OF VOLUNTEER _____

ACCIDENT INSURANCE

All volunteers are insured while performing volunteer service. This is **Excess Accident Medical Coverage** and does not duplicate benefits payable under Medicare or any other valid and collectible insurance. Coverage applies while the volunteer is traveling to and from, and during volunteer-related activities. THIS INSURANCE IS PROVIDED AT NO CHARGE TO THE VOLUNTEER.

BENEFICIARY INFORMATION

Mr. Mrs. Miss/Ms.

Name of Beneficiary: _____
Last First Middle Initial Relationship

Address: _____
Street City State Zipcode

Home Phone Number Cell Phone Number Email Address

BY SIGNING BELOW, I DESIGNATE THE PERSON NAMED ABOVE AS MY BENEFICIARY OF VOLUNTEER INSURANCE:

SIGNATURE OF VOLUNTEER _____ DATE _____

NOTE: IF A VOLUNTEER DRIVES A PERSONAL VEHICLE WITHIN THE SCOPE OF THEIR VOLUNTEER ASSIGNMENT, IT IS THEIR RESPONSIBILITY TO MAINTAIN A VALID DRIVER'S LICENSE AND ADEQUATE AUTOMOBILE INSURANCE.

OSCEOLA COUNCIL ON AGING, INC.

ACCESS AND CONFIDENTIALITY AGREEMENT

(Employee/Volunteer)

As an employee / or volunteer with privileges at Osceola Council on Aging, Inc., I may have access to what this agreement refers to as "confidential information." I understand that my access to confidential information defined below is conditioned upon my agreement to accept the terms and conditions set forth in the Agreement. I further understand that my continued employment or my continued ability to act as a volunteer is dependent upon my execution of this agreement. By signing this Agreement, I understand my duty to protect and safeguard the confidential information defined herein.

Confidential information includes patient/member information, employee/volunteer information, financial information, other information relating to Osceola Council on Aging, Inc. and information proprietary to other companies or persons. I may learn of or have access to some or all of this confidential information through a computer system or through my employment activities.

Confidential information is valuable and sensitive and is protected by law and by strict Osceola Council on Aging, Inc. policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the organization's mission. As an employee/volunteer, I am required to conduct myself in strict conformance to applicable laws and Osceola Council on Aging, Inc. policies governing confidential information. My principal obligations in this area are explained below. I am required to read and to abide by these duties. The violation of any of these duties will subject me to discipline, which might include, but is not limited to termination of employment and to legal liability.

As an employee/volunteer, I understand that I will have access to confidential information which may include, but is not limited to, information relating to:

- Patients/clients/members (such as records, conversations, photographs, admittance information, patient/member financial information, etc),
- Osceola Council on Aging, Inc. information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs & technology, source code, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of my access to confidential information, I promise that:

1. I will use confidential information only as needed to perform my legitimate duties as an employee/volunteer affiliated with Osceola Council on Aging, Inc. This means, among other things, that:
 - A. I will only access confidential information for which I have a need to know; and
 - B. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my professional activities affiliated with Osceola Council on Aging, Inc.; and
 - C. I will not misuse confidential information or carelessly care for confidential information.
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2. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential information. I accept responsibility for all activities undertaken using my access code and other authorization.
3. I will report activities by any individual or entity that I suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
4. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. Osceola Council on Aging, Inc. may at any time revoke my access code, other authorization, or access to confidential information. At all times during my employment, I will safeguard and retain the confidentiality of all confidential information.
5. I understand and agree that all clients of the Osceola Council on Aging for whom I have or will provide services during my employment by the company, and all prospective clients from whom I have solicited business while in the employment of the company, shall be solely the clients of the Osceola Council On Aging.
6. I understand and agree that, for a period of one (1) year immediately following the termination of employment with Osceola Council On Aging, I shall neither directly or indirectly solicit business as to products or services competitive with those of the company from any of the company's customers with whom I have had contact within one (1) year prior to my termination.
7. I understand and agree to not perform any private duty with any clients of Osceola Council On Aging for whom I have or will provide services during or after my employment.
8. I further understand and agree that for a period of one (1) year immediately following termination of employment, I will not directly or indirectly induce or solicit any of the company's employees to leave their employment.
9. I will be responsible for my misuse or wrongful disclosure of confidential information and for my failure to safeguard my access code or other authorization access to confidential information. I understand that my failure to comply with this Agreement may also result in my loss of employment at Osceola Council on Aging, Inc. and to legal liability.
10. I understand and agree that my obligations under this Agreement will continue after termination of my employment. I understand that my privileges hereunder are subject to periodic review, revision and if appropriate, renewal.

The Employee acknowledges that the Company shall or may provide Employee access to customers and trade secrets and other confidential information or proprietary information in the reliance of this agreement and that the provisions of this agreement are reasonably necessary to protect the company.

This agreement shall be binding upon and inure to the benefits of the parties, their heirs, assigns and personal representatives.

Staff/Volunteer Signature: _____ Date: _____

Print Name: _____ Department: _____



STATEMENT OF UNDERSTANDING

I HAVE READ THE CONFIDENTIALITY STATEMENT, THE CODE OF ETHICS, THE RIGHTS OF THE VOLUNTEER, AND THE RESPONSIBILITIES OF THE VOLUNTEERS. I HAVE REVIEWED THESE AS PART OF MY TRAINING, HAVE ASKED QUESTIONS ABOUT ANY PART I DID NOT UNDERSTAND AND HAVE HAD THOSE QUESTIONS ANSWERED TO MY SATISFACTION.

I UNDERSTAND THAT I AM A VOLUNTEER AND NOT AN EMPLOYEE OF THE OSCEOLA COUNCIL ON AGING, INC.

I UNDERSTAND THAT COMPLETION OF A TRAINING PROGRAM DOES NOT GUARANTEE ME A POSITION AS A VOLUNTEER AND THIS IS SOLELY UP TO THE DISCRETION OF THE STAFF. I ALSO UNDERSTAND THAT I MAY BE REFUSED AS A VOLUNTEER FOR FAILURE TO DISCHARGE MY RESPONSIBILITIES AND PARTICULARLY FOR A BREECH IN THE CODE OF ETHICS.

HAVING READ AND UNDERSTOOD THE RIGHTS OF THE VOLUNTEER, THE RESPONSIBILITIES OF THE VOLUNTEER, THE CONFIDENTIALITY STATEMENT, AND THE CODE OF ETHICS, I AGREE TO SERVE AS A VOLUNTEER UNDER THE TERMS SET FORTH ABOVE.

SIGNED: _____ DATE: _____
Volunteer

SIGNED: _____ DATE: _____
Staff



Osceola Council On Aging

700 Generation Point Kissimmee, FL 34744
Phone (407)846-8532 Fax (407) 846-8550

Authorization for Publicity Consent

I, _____ hereby grant the Osceola Council on Aging the absolute right and permission to copyright, publish and display all photographs, slides and videos in which I appear in whole or part, composite or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any media or elsewhere for art, advertising, editorial, trade, web pages or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or the editorial layout that may be used in connection therewith, or use to which it may be applied.

I hereby release, discharge and agree to hold harmless the Osceola Council on Aging from any liability by virtue of blurring, distortion, alteration, optical illusion or use in composite form, or any processing or preparation tending toward completion of the finished product for publication (including electronic format, on-line use and multimedia products), reproduction or display purposes.

I hereby give permission to the Osceola Council on Aging, Inc. to use my name, picture or story for the purpose of public relations. I hereby freely release the Osceola Council on Aging from any claim or liability involved with information published or printed.

Volunteer Signature

Date



Grievance/Complaint Procedure

Grievance/Complaint procedures of Osceola Council on Aging with regards to their employees shall also pertain, in principal to all stipend and non-stipend volunteers.

Complaint Procedure:

A volunteer who believes he or she has been discriminated against or harassed based on his or her sex, race, color, sexual orientation/gender identity, religion, national origin, age, disability, genetic information, veteran/military status, pregnancy, or marital status should report the matter to their Program Volunteer Coordinator. Volunteer Coordinators who believe a volunteer has been subjected to discrimination or harassment based on his or her sex, race, color, sexual orientation/gender identity, religion, national origin, age, disability, veteran status, pregnancy, or marital status, or who receive a complaint from an volunteer alleging such discrimination or harassment, must immediately report the matter to supervisor of the Volunteer Coordinator, even when the volunteer complaining asks the Volunteer Coordinators to keep the allegation confidential and take no action.

Every complaint of discrimination or harassment will be investigated promptly, thoroughly, and in an impartial manner. The individual who conducts the investigation will objectively gather and consider the relevant facts.

The company will protect the confidentiality of complaints to the extent possible. The company cannot guarantee complete confidentiality because it cannot conduct an effective investigation without revealing certain information to the alleged wrongdoer and potential witnesses. However, information about the allegation will be shared only with those who need to know about it. Records relating to such complaints shall be kept confidential on the same basis.

If discrimination or harassment is established, the company will take immediate and appropriate remedial measures designed to stop the discrimination or harassment, correct its effects on the volunteer, and ensure that the discrimination or harassment does not recur. Remedial measures will include disciplining the offender, if the offender is an employee. Such disciplinary action can range from verbal or written warnings to immediate termination, depending upon the circumstances. When necessary, the company will take immediate measures before completion of the investigation to ensure that further discrimination or harassment does not occur while the investigation is being conducted.

A grievance is defined as any dispute or complaint arising between an employee/volunteer and Osceola Council on Aging.

Grievance Procedure:

- Step 1 The volunteer should discuss the problem with his or her Volunteer Coordinator within a reasonable time. The volunteer should receive a written answer within five working days. Specified time limits are exclusive of Saturdays, Sundays and holidays.
- Step 2 If the grievance is not settled in Step 1, the grievance may, within five working days after the answer to Step 1, be presented to the Volunteer Coordinators supervisor or a designee. The grievance, at this time, shall be reduced to writing and signed by the grievant. As in Step 1, the volunteer should receive a written answer within five working days.
- Step 3 If the grievance is not settled in Step 2, the volunteer may present it to the Chief Executive Officer or a designee. The volunteer should receive a written answer within five working days.

If the volunteer believes he or she has been sexually harassed or harassed on the basis of his or her race, religion, color, sex, age, national origin, disability, veteran or family status or any other status or condition protected by applicable state or federal laws, the volunteer should report the problem immediately to either the Program Volunteer Coordinator.

Volunteer signature

Date

Program Director