



VOLUNTEER APPLICATION

First Name

Last Name

Street Address

City

State

Zip

Email

Preferred Contact Number

Business

Cell

Home

Alternate Contact Number

Business

Cell

Home

Preferences

Do not send postal mail

Do not email

Do not text

Date of Birth

Gender Identity

Female

Male

Transgender

Non-Binary

Other

Prefer Not to Reply

Ethnicity

White

Hispanic/Latino

Black/Black Hispanic

Asian/Asian Mixed

American Indian/Alaskan Native

Other

Marital Status

Single

Married

Domestic Partnership

Divorced

Widowed

Highest Level of Education Completed

High School

Some College

Associate's Degree

Bachelor's Degree

Master's Degree

Doctoral Degree

School Attended

Area of Concentration

Current Employer and Title

EMERGENCY CONTACT

Name

Phone Number

Relationship

SKILLS AND INTERESTS (Check all that apply)

Activity Assistant

Group Leader (book club, gardening etc.)

Performing Arts

Friendly Caller/Visitor

Home Delivered Meals

Religious Celebrations

Other (gift shop, wheelchair transport, cooking etc.)

LANGUAGES SPOKEN

Chinese

Hebrew

Other

Russian

Spanish

Yiddish

AVAILABILITY

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

How did you hear about CJE's Volunteer Services?

What about CJE makes you want to volunteer and what experience would you bring?

Do you have any physical or other limitations that should be taken into consideration?

I understand that as a Volunteer I would not be allowed to discuss any confidential or privileged information that relates to CJE, our staff, clients, residents, operations and activities with anyone other than my direct CJE supervisor or Volunteer Services. All confidential information should not be disclosed or discussed with anyone without permission or authorization. I signify below that I agree to the above terms.

Signature

Date

Thank you!

HIPAA Health Insurance Portability and Accountability Act

Your Role as a CJE Volunteer

Privacy Overview

- Establishes a set of national standards for the protection of certain health information.
- Addresses the use and disclosure of individual health information (protected health information or PHI), and privacy rights to understand and control how individual health information is used.

Who must comply with this law?

- Anyone employed by CJE.

What is Protected Health Information (PHI)?

- Identifying health information such as an individual's past or present medical or mental health conditions, demographic data, provisions of health care, and health care payment.
 - Name
 - Names of relatives
 - Address
 - Phone number
 - Social Security Number
 - Birthdate
 - Diagnosis/Test results
 - Photographs
- PHI can be written, spoken, emailed, faxed etc.

What is the Privacy Notice?

- Written notice provided to clients at their initial visit.
- Describes how individual PHI may be used, disclosed and protected.

How do CJE staff and volunteers use PHI?

- To provide needed services to our clients for treatment, payment and operations.

What is Treatment, Payment and Operations?

- Treatment is the provision, coordination or management of health care and related services for an individual.
- Payment includes obtaining payment or reimbursement for the healthcare to an individual.
- Operations are any of the following activities:
 - Quality assessment and improvement
 - Business planning, development, management and administration
 - Conducting or arranging for medical reviews, audits or legal services

What is the Minimum Necessary Standard?

- Employees and volunteers only use or share PHI necessary to provide appropriate service.
- Who needs to know? Why do they need to know? What do they need to know?

Potential HIPAA Violations

- Repeating a conversation you heard about a client's condition to a friend.
- Asking about a client's medical condition because you know the client.
- Telling a friend you saw someone's mother at CJE's Adult Day Center and why she was there.
- Looking at a client's PHI on someone's desk.

What can you do to protect client's privacy?

- Understand and practice CJE's policies.
- Don't leave any client information where others can see them.
- Do not toss client information in the trash; it must be shredded.
- Do not discuss client information in public areas as others may overhear you.
- Do not take pictures of clients.
- Should you see or hear a violation, intervene if needed and, contact your supervisor immediately.

Are There Penalties for HIPAA Violations?

- Yes, civil and criminal penalties apply to both the individual and agency.
- If you reveal PHI to someone inappropriate, you have violated client confidentiality and broken the law; you may be liable for this violation.
- Violating PHI for financial gain can result in a \$250,000 fine, or up to 10 years jail. Accidentally breaking confidentiality can result in penalties for you and CJE.

After You Stop Volunteering at CJE SeniorLife

- You cannot share health information about clients after volunteering; their information is still protected.

Questions

- Ask your supervisor, Volunteer Department staff or **CJE's Privacy Officer, Nancy Harris at 773.508.1706.**

HIPAA Review Questions

Name _____ Date _____

1. HIPAA establishes national standards for the protection of certain health information.
 - A. True
 - B. False

2. Protected Health Information (PHI) is in which of the following formats?
 - A. Oral communication
 - B. Written communication
 - C. Electronic communication
 - D. All of the above

3. The minimum necessary standard refers to:
 - A. Paper work reduction
 - B. Minimum staffing levels
 - C. Minimum necessary information to accomplish task
 - D. All of the above

4. Is it okay for volunteers to take photos of residents?
 - A. No
 - B. Yes

5. Is it okay for volunteers to speak to family members about a client's condition?
 - A. No
 - B. Yes

6. Can you be held personally liable for violating HIPAA?
 - A. No
 - B. Yes

7. After you stop volunteering for CJE, can you share client information?
 - A. No
 - B. Yes

8. Are there civil and criminal penalties for not complying with HIPAA?
 - A. True
 - B. False

Thank you!

773.508.1000

CJE SeniorLife
3003 W. Touhy Avenue
Chicago, IL 60645

volunteers@cje.net

Volunteer Confidentiality Agreement

CJE SeniorLife has a legal and ethical responsibility to protect the confidentiality of client, resident, and patient health and personal information. In the course of my assignment, I may come into possession of private client information, whether or not I am directly involved in providing services.

I may also have access to confidential employee, volunteer, or agency data. I understand that such information must be maintained in the strictest of confidence. I will not, at any time during or after my employment with CJE, disclose any client, resident, or patient information, employee or volunteer personal data, or confidential agency information, in any way except, as appropriate, within the scope of my position and according to agency policy.

I understand that violation of this agreement may result in my termination.

Print Name Below

I, _____, have read and agree to CJE SeniorLife's
Volunteer Confidentiality Agreement.

Signature

Date

Conviction Information Background Check Authorization

CJE SeniorLife conducts criminal conviction background checks of applicants that CJE has decided to place.

As a considered volunteer applicant, you are notified:

1. By signing this authorization, you hereby authorize CJE or any party contacted by CJE to obtain a report and/or information concerning your history of any criminal convictions. You acknowledge that inquiries may be made to various referral and/or state agencies, police agencies and/or courts.
2. You must completely fill out and sign both sides of this document. This form is required as CJE uses a third party to conduct criminal conviction background checks. However, CJE will not authorize any third party to make inquiries about any matter referred to in the attached form except criminal conviction history. Your authorization extends only to criminal conviction histories, unless CJE specifically informs you in writing and obtains additional written authorization from you to do so.
3. Except as otherwise specifically required by law or funding requirements, no applicant will be disqualified because of past convictions. Applicant disqualification depends on factors such as the nature of the crime, the crime in relation to the position you have been offered, the surrounding circumstances including age at the time, time passed since conviction and/or sentence, subsequent work history and personal references.
4. You are being placed conditionally, and will be terminated if a criminal conviction report indicates that you have a record for which the law, or CJE determines, disqualifies you from the specified position. If your background check reveals any record of criminal conviction, the criminal record will be sent to the Volunteer Services Coordinator to decide if the offense is prohibited. If the conviction disqualifies you, the Volunteer Services Coordinator will inform the Volunteer Services Manager who will reject the candidate or, if already placed, will terminate the volunteer.
5. Any misrepresentation or omission of material facts on your application or in other written or verbal statements made to secure employment with CJE is grounds for discharge, regardless of when it is discovered.
6. Under the Fair Credit Reporting Act, certain information, when used for volunteer placement purposes, is considered a consumer report. If an adverse volunteer placement decision may be made due to information received, you will be provided with a copy of the report obtained and a summary of your rights under the Fair Credit Reporting Act. CJE will also provide a copy of all reports in connection with the criminal background check. Within seven (7) business days after you receive the report(s), you must notify Volunteer Services if the information is inaccurate.
7. Please list all cities and states/provinces (including Illinois) where you have lived during the past three (3) years, including anywhere you attended school if different from the permanent residence while in school:

8. This authorization and all forms relating to your criminal background check will be maintained by CJE for at least three (3) years.

Print Name _____

Required Signature _____ Date _____

Authorization for Release of Information for Volunteer Approval

NAME

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

DATE OF BIRTH

__ / __ / ____

DRIVER'S LICENSE/STATE ID

| | |
|-------|--------|
| State | Number |
|-------|--------|

CURRENT ADDRESS

| | |
|----------------|--------|
| Street Address | Apt. # |
|----------------|--------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

I authorize CJE or any party contacted by CJE to procure my consumer report and obtain information concerning my criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various agencies, employers, references and others seeking information as to my personal characteristics, employment, and general reputation.

Under provisions of the Fair Credit Reporting Act, certain information, when used for volunteer application processing, is considered a consumer report. This information includes, but is not limited to, public record information, driving records, and employment records. If an adverse employment decision is made due to information received as a result of these inquiries, I will be provided with a copy of the report and a summary of my rights under the Fair Credit Reporting Act.

AUTHORIZATION

Print Name _____

Signature _____ Date _____

Volunteer Tuberculosis Screening

Volunteers having regular contact with clients/residents must complete this screening.

Name _____

No Yes

Have you ever had an abnormal TB test result?

Do you have any unexplained symptoms such as;

Severe fatigue

Loss of appetite

Night sweats

Fever

Blood in phlegm

Weight loss

Cough

If you answered “yes” to any of the above questions, please make an appointment with your physician. Once you have been cleared by your doctor, a note stating that you do not have tuberculosis is required from your physician as a condition of volunteering at CJE. If you develop any of these symptoms while volunteering, please stop volunteering and call your physician.

I verify that I have answered the above questions to the best of my knowledge.

Signature _____

Date _____

Thank you!