

**Thank you for your interest in volunteering with Family Service Rochester! Together we make a difference, one family, one person at a time.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Volunteer Start Date \_\_\_\_\_

Place of Employment \_\_\_\_\_

Driver's License# \_\_\_\_\_

Auto Insurance Company and Policy \_\_\_\_\_

Where did you learn about Family Service Volunteer Opportunities?

\_\_\_\_\_

What interests you in volunteering? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a crime? (A conviction itself does not constitute an automatic bar to volunteering as the seriousness and type of crime, date of conviction and the duties of the position will all be considered).

No \_\_\_\_\_ Yes \_\_\_\_\_, please describe \_\_\_\_\_

\_\_\_\_\_

I am interested in the following opportunities (check all that apply):  
Descriptions of each opportunity are listed in the volunteer brochure.

**Meals on Wheels**

Regular Route Driver - Weekdays

Regular Route Driver - Weekends

On-Call Driver - Weekdays

On-Call Driver - Weekends

**Handyman / Chore Program**

Special Skills (carpentry, repair, etc.)

General Skills (yard work, window washing, etc.)

**Homemaker Program**

Grocery Shopping

Homemaker Services (laundry, cleaning, etc.)

**Family Access Center**

Family Access Center Monitor

**Fundraising**

Events

Annual Campaign

Days and times I am available:

## Non-Disclosing Agreement

Persons who are not official employees of Family Service Rochester are restricted from accessing certain materials, files and records, which are classified as “private” or “confidential”.

However, due to your assignment(s) and/or activities relating to this organization, you may indirectly gain knowledge or information, which is “private” and governed under Minnesota law. This information **may not** be disclosed and this non-disclosure extends to times, places and persons beyond the scope of this agency.

Therefore, any information you may obtain as a result of your involvement here, such as participant names or family members’ names, their disability or treatment, and any other client identifies, etc. must be maintained as “private”.

Any violation of the law, including improper disclosure of private data could result in civil or criminal penalties. A person willfully violating the provisions of the law under Minnesota Data Practices Act is guilty of a misdemeanor.

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I, as the individual accessing private data, while serving as a volunteer, at Family Service Rochester understand that the Minnesota Data Practices Act provides for protection of this data. I agree to abide by the law and further understand any violation of that law, including improper disclosure of the data I have access to, may result in civil or criminal penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Release from Liability

I understand that Family Service Rochester will not be held responsible for any injuries or claims that may occur during my volunteer involvement.

Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Group Volunteering with (if applicable): \_\_\_\_\_

## Volunteer Confidentiality Agreement Form

I have been trained (see information enclosed) and understand the HIPAA Privacy Information. I agree to the duties, obligations, responsibilities and conditions for maintaining the privacy and confidentiality of client information described in the training.

As a volunteer of Family Service Rochester, I understand that I must maintain the privacy and confidentiality of such information, regardless of its source and in any and all formats (i.e. paper, magnetic, computer, conversations, film, etc.).

I recognize the value and sensitivity of client information and understand that it is protected by law and by the strict policies of this organization.

If I have reason to believe that there is any breach of client confidentiality, I will immediately notify my supervisor or other appropriate responsible party.

I agree to keep all client information confidential for an indefinite period of time, even after I am no longer volunteering with this organization.

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Volunteer Signature

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Date

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Staff Supervisor Signature

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Date