



Getting Started!!

Volunteer Application Form

Martin Luther Campus
1401 East 100th Street
Bloomington, MN 55425
(952)948-5173
Bev Heise, Volunteer Coordinator

Thank you for applying to be a Martin Luther Campus volunteer. The information on this form will help us find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it is most appreciated.

Last Name *First Name* *Middle Initial*

Address *City* *State* *Zip*

Home Phone Number *Work Phone Number* *Birth date (year optional if over 18)*

Email address

Questions

How did you learn about volunteer opportunities in the Martin Luther Campus? _____

Have you volunteered at the Martin Luther Campus or Ebenezer facility before? If so, in what capacity? _____

What skills do you wish to share with our residents/participants? _____

What are your education, training and language skills? _____

Describe your previous volunteer experience. _____

What is your most recent paid employment (company, position, dates)? _____

Do you have any health conditions or limitations that may be aggravated by certain volunteer jobs (i.e. sore back, sensitive skin, allergies, etc.)? _____

Have you ever been convicted of a felony? Yes, No. If yes, please explain? _____

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that creates national standards to protect individual's health records and other personal information. HIPAA was designed to protect the confidentiality and security of individually identifiable health information through enforcing standards or values. It gives us a set of guidelines for protecting the privacy of resident information.

Individual identifiable health information includes health (physical and mental) and demographic information. The resident's name or information that taken together could be used to identify a resident is considered individually identifiable health information. The resident's birth date, phone number, and street address are examples of the types of demographics that are considered individually identifiable health information.

As a volunteer you are "duty bound" to protect our residents' individual identifiable health information, even after you are no longer a volunteer with our organization. Any resident information you see, hear or read through your volunteer or paid job is considered confidential information. This includes information in any format, electronic, written in paper, and orally communicated. Never reveal information about a resident to your family, friends, or anyone else. You have an obligation to report any known or suspected breach of resident privacy. You can do this without fear of intimidation, retaliation or threats. Immediately notify your supervisor if you believe that there is any breach of confidentiality.

Volunteer Signature

Date

I agree to the duties, obligations, responsibilities, and conditions for maintaining the privacy and confidentiality of resident information as described above. I recognize the value of sensitivity of resident information and understand that it is protected by law. I agree to keep resident information confidential for an indefinite period of time, even after I am no longer volunteering for with this organization.





Youth under the age of 18 years require parental consent to volunteer.

Parent/Guardian Name

Parent/Guardian Signature

Date

By signing below, I certify that all of the information on this application is true, complete and correct. I understand that if it is not, I am disqualifying myself for a volunteer position. I also understand that I am applying for a volunteer position and that this is not an application for employment. I further agree that as a Martin Luther Manor Campus volunteer, I will not accept payment for my services. This includes refusing to accept gifts from residents or family members. I will also take required training where applicable.

I authorize the above references to give Martin Luther Campus any pertinent information they may have and authorize investigation of all statements contained herein.

Applicant's signature

Date

