

Valley Home Care, Inc
15 Essex Road, Suite 301
Paramus, NJ 07652
201-291-6000

Name _____

Name of your Parent/Guardian _____

Address _____ City _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Best Number for a Parent/Guardian can be reached at: (____) _____

Do you use text messaging to be contacted? Yes ___ No ___

Jr. Volunteer Email Address: _____

How often do you check your email? Please circle one choice. Thank you!
Daily ___ Weekly ___ Monthly ___ Never ___

Why would you like to Volunteer for VHC? Please explain:

Will this fulfill a Community Service requirement? Yes ___ No ___

If yes, number of hours required: _____

Name of Organization _____

Name of Coordinator/Teacher _____

Address/City/State/Zip _____

Phone number: _____

What creative skills do you have? What languages do you speak?

You can volunteer between 8 a.m. and 4:30 p.m., Monday – Friday, and as needed on Saturdays.

Availability: Dates/Times: _____

Personal References (Non-Family), i.e.: teacher, family friend, neighbor, clergy

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>(Area Code) Phone #</u>
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1. _____ () _____

2. _____ () _____

I hereby agree to adhere to the requirement of the Junior Volunteer Program and regulations of Valley Home Care, Inc.

X _____
Signature of Junior Applicant

(Con't Jr. Volunteer Application)

Parent's Agreement:

I will assume responsibility for all transportation, if necessary. He/she has my permission to wait by security entrance inside or for me alone outside of the door of the Kraft building on 15 Essex Road, Paramus, NJ until I arrive to pick them up. It is my responsibility to contact the Volunteer Coordinator before I come to get them. Please circle one of the number options where you will pick up the junior volunteer.

- 1. Only by Security area inside building front doors.**
- 2. Only outside where parent and junior volunteer decide to make arrangements to be picked up.**
- 3. Either option is fine for me.**

He/she has my permission to services at least two hours each week and not more than _____ hours weekly.

X _____
Signature of Parent/ Guardian

VALLEY HOME CARE, INC.

15 Essex Road
Paramus, New Jersey 07652

JUNIOR VOLUNTEER PROGRAM

VOLUNTEER STATEMENT OF CONFIDENTIALITY

Valley Home Care, Inc. has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at Valley Home Care, Inc., I may come into the possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence while I serve as a volunteer and after I terminate or conclude my relationship with Valley Home Care, Inc. As a condition of my assignment, I thereby agree that I will not at any time during or after my assignments with Valley Home Care, Inc. disclose any patient information whatsoever.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand that violation of this agreement may be cause for immediate termination of my association with Valley Home Care, Inc.

Volunteer Name (print)

Volunteer Signature

Date

Parent/Guardian Signature

Date

The Valley Health System
Volunteer Background Verification Disclosure & Authorization

In connection with your application for volunteer service with the Valley Health System, a consumer report or investigative consumer report, as defined by the Fair Credit Report Act (FCRA), may be obtained from a consumer-reporting agency. Please complete this form and return with your application.

Information to be completed by Volunteer Applicant:

Applicant's Name _____
(Please Print)

Social Security # _____ Date of Birth _____
Month/Day/Year

Address _____

City/State/Zip _____

Phone _____

AUTHORIZATION

During the application process and at any time during the tenure of my volunteer service, I hereby authorize the Valley Health System to obtain a consumer report or investigative consumer report on me that I understand may include information regarding my character, general reputation, or personal characteristics. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, or personal characteristics. This authorization does not include the release of my medical information.

Signature _____ Date _____