

DATE: _____



For office use:
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START

290 Broad St., Summit, NJ 07901

VOLUNTEER APPLICATION

NAME	PHONE (H)	PHONE (C)	
STREET ADDRESS	TOWN	ZIP	BIRTHDATE
EMAIL	OCCUPATION/SCHOOL	RETIRED? <input type="checkbox"/>	
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE	

DO YOU HAVE A RECORD OF ANY ARRESTS, CRIMINAL CHARGES OR CONVICTIONS? YES NO
IF YES, PLEASE EXPLAIN.

PLEASE DESCRIBE PREVIOUS VOLUNTEER EXPERIENCE, GROUP AND ORGANIZATIONAL AFFILIATIONS. INCLUDE DATES. ALSO, TELL US ABOUT YOUR SKILLS, HIDDEN TALENTS AND/OR HOBBIES.

WHAT DAYS AND TIMES GENERALLY WORK FOR YOU?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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FOLLOWING ARE SOME OF THE VOLUNTEER OPPORTUNITIES AVAILABLE. PLEASE CHECK THE ACTIVITIES THAT MIGHT BE OF INTEREST TO YOU. **NOTE: NOT ALL POSITIONS ARE ALWAYS OPEN.**

MEALS ON WHEELS

(deliver Mon - Fri 11:00 - 12:30)

- DRIVER OR SERVER

SHOPPING SERVICE

(shop Wed or Thurs 8:30 - 10:00 am)

- GROCERY SHOPPER/DELIVERER
- PICK UP SHOPPING LISTS

FURNITURE REPAIR WORKSHOP

(open Mon - Fri 9:00 - 12:00)

- FURNITURE REPAIRER
ACCEPTING NEW VOLUNTEERS ONLY
WHEN THERE IS ENOUGH WORK.

MISCELLANEOUS *(flexible)*

- ASSIST PEOPLE WITH PAPERWORK OR BILLS*
- INSTALL SIMPLE MEDICAL ALERT SYSTEMS*
- HELP A NEIGHBOR SHOVEL SNOW OR DO YARD WORK

*CRIMINAL BACKGROUND CHECK
MAY BE REQUIRED

OFFICE AND DEVELOPMENT

(Mon - Fri 9:00 - 3:00)

- CLERICAL HELP
- RECEPTIONIST
- WRITER/ARTIST/PHOTOGRAPHER
- COMMITTEE MEMBER
- MARKETING/OUTREACH
- REPRESENTATIVE AT HEALTH/STREET FAIRS
- SPECIAL EVENTS

SPEND A DAY

(Mon - Fri 9:00 - 3:30)

- PROGRAM AND LUNCH ASSISTANT
- ENTERTAINER/SHARE A HOBBY
ADDITIONAL APPLICATION NEEDED

SHIP COUNSELOR *(varies)*

- ASSIST PEOPLE WITH MEDICARE AND INSURANCE IN UNION COUNTY.
STATE SPONSORED TRAINING.

REFERENCES: PLEASE LIST THE NAMES AND ADDRESSES OF TWO (2) PEOPLE WHO CAN VOUCH FOR YOUR REPUTATION, CHARACTER, AND RESPONSIBILITY, AND WHO HAVE KNOWN YOU AT LEAST TWO YEARS. IF YOU ARE EMPLOYED, ONE REFERENCE SHOULD BE YOUR EMPLOYER. PLEASE DO NOT LIST RELATIVES.

NAME	RELATIONSHIP
EMAIL	PHONE
NAME	RELATIONSHIP
EMAIL	PHONE

STATEMENT OF UNDERSTANDING & CONSENT:

I UNDERSTAND MY OBLIGATION TO FULFILL MY VOLUNTEER RESPONSIBILITIES TO THE BEST OF MY ABILITY. I ACKNOWLEDGE AND AGREE THAT IN THE CASE OF EXTENUATING CIRCUMSTANCES, I AM NOT OBLIGATED TO SERVE AS A VOLUNTEER.

I FURTHER AGREE TO ACCEPT THE SUPERVISION OF THE APPROPRIATE INDIVIDUAL(S) AT MY ASSIGNED VOLUNTEER PLACEMENT AND TO DISCONTINUE MY SERVICE IF I AM REQUESTED TO DO SO BY THE ORGANIZATION.

SAGE WILL CONTACT MY REFERENCES AND MAY CONDUCT A BACKGROUND CHECK. SAGE RESERVES THE RIGHT TO REJECT A CANDIDATE FOR ANY REASON THAT THE AGENCY, IN ITS SOLE JUDGMENT, DETERMINES WILL OR MAY AFFECT EITHER THE BEST INTERESTS OF A CLIENT OR SAGE. FURTHERMORE, SAGE RESERVES THE RIGHT TO WITHHOLD THE REASON(S) FOR SUCH A REFUSAL.

I AGREE TO SIGN A CONFIDENTIALITY AGREEMENT TO ENSURE THAT I UNDERSTAND THAT ALL CLIENT INFORMATION IS CONFIDENTIAL. I AGREE TO NEVER USE CLIENT INFORMATION FOR MY BUSINESS OR PERSONAL ADVANTAGE AND UNDERSTAND THAT SOLICITATION OF ANY KIND IS CAUSE FOR DISMISSAL.

***IF YOU ARE UNDER THE AGE OF 18, YOU ALSO NEED TO HAVE YOUR PARENT/GUARDIAN SIGN BELOW.

SIGNATURE OF APPLICANT _____ DATE: _____

***SIGNATURE OF PARENT _____ DATE: _____

PLEASE RETURN TO SAGE ELDERCARE, 290 BROAD STREET SUMMIT NJ 07901
PHONE: 908-598-5514 FAX: 908-598-5539 www.sageeldercare.org

FOR OFFICE USE ONLY:

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VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that SAGE has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, SAGE must assure the confidentiality of its human resources, payroll, fiscal, computer system, and, management information (collectively “Confidential Information”).

In the course of my volunteer duties at SAGE, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any SAGE Confidential Information.

I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and personal password(s) used to access computer systems is also an integral aspect of this Confidential Information.

I will not access or view any Confidential Information, or utilize SAGE office equipment, for any other purpose, other than what is required to do with my job.

I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, bus, or public transportation). It is not acceptable to discuss Confidential Information in public areas even if a patient’s name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.

I will not make inquiries about Confidential Information for other personnel who do not have the proper authorization to access such Confidential Information.

I will not willingly inform another person of my computer password or knowingly use another person’s instead of my own for any reason.

I will not make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information in SAGE’s clients’ records, whether computerized or in standard form. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from Sage’s computer system, or charts to unauthorized locations (for instance, home).

I will log off any computer or terminal prior to leaving it unattended.

I will comply with any security or privacy policy disclosed by SAGE to protect the security and privacy of Confidential Information.

I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of the Agreement or of any SAGE Information security or privacy policy.

Upon termination of volunteer duties, I will immediately return any documents or other media containing Confidential Information to SAGE.

I agree that my obligations under this agreement will continue after the termination of my volunteer duties.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination and/or suspension and loss of privileges, in accordance with SAGE’s Disciplinary Action Policy, as well as legal liability.

I further understand that all computer access activity is subject to audit.

I have read the above agreement and agree to comply with all its terms.

Print name: _____ Position: _____

Signature: _____ Date: _____