



# VOLUNTEER - GENERAL APPLICATION

OFFICE USE ONLY!

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Today's Date

Last 4 of Social Security

### - ## - \_\_\_\_\_

## VOLUNTEER INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Initial Suffix (Dr., Jr., Sr.) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

\_\_\_\_\_  
Preferred First Name / Nick Name

## RESIDENTIAL/MAILING ADDRESS

Is your postal/ mailing address exactly the same as the residential address?  No  Yes

\_\_\_\_\_  
Street Address City State PA Zip

\_\_\_\_\_  
PO Box If Applicable Municipality/Borough/Township

(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  Home  Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  Home  Cell  
Primary Phone # Secondary Phone #

\_\_\_\_\_  
Email Address

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Physician's Name / Practice (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Street Address  
Phone

\_\_\_\_\_  
#1 Emergency Contact Name (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Relationship  
Phone

\_\_\_\_\_  
#2 Emergency Contact Name (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Relationship  
Phone

## APPLICATION QUESTIONNAIRE

1) What is your gender? Please Select ONLY ONE!  Female  Male

2) Marital Status: Please Select ONLY ONE!  Single  Married  Divorced  Separated  Widowed

3) What is Your Ethnicity? Please Select ONLY ONE!

Hispanic or Latino  Not Hispanic or Latino  Unknown

4) What Is Your Race? Please Select ONLY ONE!

<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Unknown/Unavailable
<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Minority (White, non-Hispanic)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White-Hispanic	

5) Are you Employed?  Full-Time  Part-Time  NOT Employed

If Employed: Place of Employment: \_\_\_\_\_ Co. Phone

6) Do you have a valid driver's license?  YES  NO

7) Is your vehicle available for your own transportation?  YES  NO

8) Do you have auto insurance that covers passengers riding in your car?  YES  NO

9) Do you have physical limitations?  YES  NO

If YES, Please List: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(Please list two (2) personal references who have known you for at least one (1) year)

\_\_\_\_\_  
#1 Reference Name

\_\_\_\_\_  
How do you know this person? (Co-Worker, Friend, etc.)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_  
#1 Reference Address

\_\_\_\_\_  
#2 Reference Name

\_\_\_\_\_  
How do you know this person? (Co-Worker, Friend, etc.)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_  
#2 Reference Address

**SKILLS**

Please list any special or unique talents, and/or specific skills you are willing to share with us.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH A COPY OF DRIVER'S LICENSE / STUDENT ID**

\_\_\_\_\_

By checking this box:

*I understand that, as a volunteer, I will help the agency to the best of my ability and will maintain complete confidentiality concerning all information on clients and/or agency.*

X \_\_\_\_\_  
Volunteer Signature Date



# NORTHEASTERN SENIOR COMMUNITY CENTER

“HOME AWAY FROM HOME”

## HIPPA LAW UPDATES

The York County Area Agency on Aging notified Senior Community Centers of HIPPA law(s) that affects the confidentiality of our members and home-delivered meals consumers. The law is explained below and we are asking for your signature after you have read, understood and will abide by the confidentiality issue.

### Confidentiality Issues

**Health Insurance Portability and Accountability Act of 1996 (HIPPA)**  
**Public Law 104-191-signed on August 21, 1996 – based on the Kennedy-Kassebaum bill.**

**Primary Goal:**

*Make it easier for people to keep health insurance and help the industry control administrative costs.*

### Components

- Title I Health Insurance Portability
- Title II is designed to Reduce Health care fraud and abuse
- Guarantee security and “privacy” of health information
- Enforce standards for health information and transactions
- Title III Tax Related Provisions
- Title IV Application and Enforcement of Group Health Plan Requirements
- Title V Revenue Offsets

### Effective Date

October 16, 2002 for Electronic Data Transfer and April 14, 2003 for Privacy.

### Privacy Rule

Gives people more control over their health information

\*Sets boundaries on the use and health care providers and others must achieve to “protect privacy” of health information. Holds violators accountable with civil and criminal penalties that can be imposed if person’s rights are violated. It strikes a balance when public responsibility requires disclosure of some forms of data- for example to protect the public health.

### Protected health information

Includes individually identifiable health information that is transmitted electronic media, maintained in any electronic media, transmitted or maintained in any other form (including oral or written).

