



# STUDENT VOLUNTEER APPLICATION 2018

A National Lutheran Community

Interested persons can fill out and email this form directly to the Volunteer Department. We will contact you to set up an interview and orientation. Please note parent must provide in-person signature for their minor volunteer.

Application Date:		Volunteer Placement (internal use only):	
Name:			
Address:			
City:		State:	Zip Code:
Phone Home: & Cell:		Email (REQUIRED):	
Date of Birth(mm/dd):		School/College:	Grade:
Emergency Contact Person:			
Contact Address:			
Contact Phone:		Contact Relationship:	
How did you hear about the volunteer program?			
Previous volunteer work experience, if yes, where?			
Do you speak more than one language? Y N Language/s:			
Do you have special skills and/or interest? ----- -----			
Do you have experience working with seniors? If yes, please explain: ----- -----			
Please indicate day(s) and time(s) you are most available Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Typical days are best between 10:00am and 5:00pm Bingo Nights (Fri.) 6:00-8:00pm			
Date Available to Start Volunteering and Desired Length of Time:			



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By signing this agreement, I am applying to perform certain volunteer services related to **The Village at Rockville (TVAR)**. I acknowledge that my participation is completely voluntary on my part and is being undertaken without promise or expectation of compensation.

In consideration of my being allowed to participate in this volunteer community service event, I, the undersigned, for myself, my heirs, and assigns hereby release and discharge, and agree to indemnify and hold harmless, **TVAR**, its affiliates, associates, agents, and any participating organizations, for any claims for damages or injury I may incur resulting from my participation in this volunteer community service event. I understand that my participation involves risk of injury and illness, which may result directly or indirectly from my participation. I further state that I am in proper condition for participating in these events. I agree to abide by the rules established by organizers of this service event relative to health and safety requirements.

I also grant **TVAR** full and complete permission to use photographs and quotations from me/my child.

All resident Protected Health Information (PHI, which includes resident medical and financial information), employee records, financial and operating data of **TVAR**, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any volunteer unless pertaining to his or her specific volunteer job requirements. Examples of inappropriate disclosures include:

- Volunteers discussing or revealing PHI or other confidential information to friends or family members, not designated as personal representatives.
- Volunteers discussing or revealing PHI or other confidential information to other volunteers without a legitimate need to know.
- The disclosure of a resident’s presence in the office, hospital, or other medical facility, without the resident’s consent, to an authorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information can subject each volunteer of **TVAR** to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, to misuse, theft, destruction, alteration, or sabotage of such information, is ground for immediate disciplinary action up to and including termination.

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge, is to be kept confidential. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I no longer volunteer.

I am familiar with the guidelines in place at **TVAR** pertaining to the use and disclosure of resident PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures **The Village at Rockville** is made. I also understand that the unauthorized disclosure of resident PHI and other confidential or proprietary information of **The Village at Rockville** is grounds for immediate dismissal.

\_\_\_\_\_  
**Volunteer’s Signature**

\_\_\_\_\_  
**Volunteer’s Name (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer’s Legal Guardian Signature**

\_\_\_\_\_  
**Volunteer’s Legal Guardian Name (Printed)**

\_\_\_\_\_  
**Date**



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## TUBERCULOSIS SCREENING QUESTIONNAIRE

This questionnaire is to be completed annually by volunteers to ensure that they are free from tuberculosis in a communicable form. **It is imperative that upon completing this form you return it to The Volunteer Manager.**

Volunteer Name: \_\_\_\_\_

Department: Volunteer

ARE YOU HAVING ANY OF THE FOLLOWING TB SYMPTOMS?	NO	YES
Persistent cough? (past 3 weeks)		
Coughed up blood? (past 3 weeks)		
Fever or chills? (past 3 weeks)		
Night sweats?		
No Appetite?		
Unexplained weight loss of 10 or more lbs?		
Weakness or Fatigue?		
Pain in the Chest?		
Have you ever been told that you have TB?		
Have you had exposure to a person with known tuberculosis?		
Have you ever been treated for tuberculosis?		

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW:

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

FOR OFFICE USE ONLY:		
Does employee require follow-up?	No (Normal)	Yes (Abnormal)
<i>Signature of NLHV Employee Health Representative</i>		<i>Date</i>



## **PUBLICITY RELEASE**

In return for participation in volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”) at The Village at Rockville (“TVAR”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer, if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”), hereby grants to TVAR, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer’s name, voice, photograph and/or likeness, caricature, and personal image, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

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**(Signature of Volunteer)**

Date

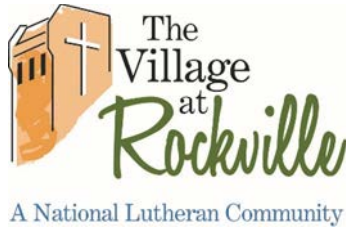
I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



Important: Each volunteer must read and sign the "Release of Liability and Assumption of the Risk Agreement" before volunteering for The Village at Rockville

## Volunteer Release of Liability and Assumption of Risk the Agreement

I, \_\_\_\_\_ ("Participant"), acknowledge that I have voluntarily applied to participate as a volunteer for *The Village at Rockville*. I acknowledge my participation is completely voluntary on my part and is being undertaken without promise or expectation of compensation.

In consideration of volunteering, I, the undersigned, for myself, my heirs, and assigns hereby release and discharge, and agree to indemnify and hold harmless, *The Village at Rockville*, its affiliates, associates, agents, and any participating organizations, for any claims for damages or injury I may incur resulting from my participation in this volunteer service. I understand that my participation involves risk of injury and illness, which may result directly or indirectly from my participation. I also understand that *The Village at Rockville* does not carry any specific insurance for the benefit of its Volunteers and I represent that, to my knowledge, I am in good health and suffer no physical impairment that would prevent my participation in Volunteer Activities.

**I agree to assume any and all risks of bodily injury, illness, death or property damage, whether those risks are known or unknown.**

I verify this statement by placing my initials here: \_\_\_\_\_  
Parent or Guardian's initials (if volunteer is under 18 years old): \_\_\_\_\_

**I further state that I am and/or my child(ren) is(are) in proper condition for participating as a volunteer and agree to abide by the rules established by organizers of this volunteer opportunity relative to health and safety requirements.**

I verify this statement by placing my initials here: \_\_\_\_\_

Finally, I grant *The Village at Rockville* full and complete permission to use photos of and quotations from me or my participating child in promotional materials.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Maryland. I agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

**Participant/Releasor:**

**Parent/Guardian:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

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

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

Contact phone: \_\_\_\_\_

Contact phone: \_\_\_\_\_

**Witness:**

\_\_\_\_\_  
Signature



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## Media Release Form - Volunteers

\_\_\_ **Yes**, I grant to National Lutheran Communities & Services (NLCS), its subsidiaries (*The Village at Rockville (TVAR)* and *The Village at Orchard Ridge (TVOR)*, *The Legacy at North Augusta (TLNA)* and *The Village at Crystal Spring (TVCS)* ) the right to use and publish my name, image, likeness, voice, photographs and/or my biographical matter, for inclusion in publications, electronic reproductions, video, promotional materials, advertising, public relations, public displays and/or any other purpose and in any manner of medium. I grant my permission to alter those materials as necessary; and to copyright the same. I hereby release National Lutheran Communities & Services and its subsidiaries, from all claims and liability relating to said publications, and I waive my right to inspect or approve these materials.

Should I receive a print, negative or any other form of these programming materials; I shall not use or authorize its use by any other party.

I acknowledge that I have read this release prior to signing it, and that I understand its contents and will not receive any compensation for it.

\_\_\_ **No**, I do not grant the permissions detailed above.

**Printed Name of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Guardian:** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_