**Student Profile**

**Section One: Personal Information** (Please submit your resume with this form)

*(Please print clearly.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Home Phone: |  |
| Address: | Cell Phone: |  |
| City: |  | State: |  | Zip: |  | Fax: |  |
| Email: |  | Birthdate: |  |
| How did you hear about VOYCE? |  |

**Connection** (check all that apply):

[ ] Family Member

|  |  |  |
| --- | --- | --- |
| My |  | resides in a long-term care facility. |

[ ] Community Volunteer

[ ] Healthcare Professional

[ ] Student (I am interested in learning more through service.)

Do you have a family member employed in a long-term care facility?

[ ] Yes [ ] No

|  |  |
| --- | --- |
| If yes, which facility? |  |

Do you need to fulfill mandated community service hours, an internship, or practicum? [ ] Yes [ ] No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School |  | Degree and Program |  | Hours Needed |  |

Please indicate the days and hours that you are available.

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

|  |  |
| --- | --- |
| Hours: |  |

Have you been convicted of a felony? [ ] No [ ] Yes

**Ethnicity:** To improve our services and identify the ethnic groups that our volunteers represent, VOYCE collects the following demographic information. This information is optional and does not affect volunteer placement in any way.

[ ] African American [ ] American Indian or Native American [ ] Asian [ ] Caucasian [ ] Eastern Indian

[ ] Hispanic or Latino [ ] Pacific Islander [ ] Other:

[ ] Prefer Not to Answer

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |

*(If you complete this form electronically, type your name on the signature line as your e-signature.)*

|  |
| --- |
| **Emergency Contact Information (required before beginning volunteer service.)** |
| Name: |  | Phone: |  |
| Relationship to Volunteer: |  |

**Section Two: Statement of Confidentiality**

Confidential information is personal information that you have shared with VOYCE for the purpose of service delivery. You have the right to have such information safeguarded by VOYCE staff and volunteers.

VOYCE shall maintain confidentiality as follows:

1. All written and electronic records that identify individual service recipients and donors are confidential and may be used by designated staff and volunteers for the services, program monitoring and/or development purposes only.
2. Records that identify individual recipients and donors shall not be available to any other individual, agency or organization without either written permission from the recipient, donor, legal representative of the individual or judicial process.
3. Computer access to confidential records will be safeguarded through restricted file access limited to designated staff and volunteers.
4. Upon termination of my service/employment, I will deliver to VOYCE, and not keep or deliver to any other person or entity, any and all items and copies of items containing confidential information.

I have read and agree to comply with the VOYCE policy regarding confidentiality. I agree to abide by federal HIPAA law. Information regarding HIPAA law can be found here: <https://www.hhs.gov/hipaa/index.html> and <https://www.cdc.gov/phlp/publications/topic/hipaa.html>

Name *(Please Print)*

Signature Date

*(If you complete this form electronically, type your name on the signature line as your e-signature.)*

***Please submitted your completed application form and resume before the interview.***