

# RVCOG Food & Friends Volunteer Application

P.O. Box 3275 | Central Point, OR 97502 | 541-734-9505

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I./Maiden

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[Note: We will only use your email address to contact you with information about our program, e.g., quarterly newsletters, event announcements and/or donation letters. You may opt out of receiving emails from us at any time by hitting "Reply" and typing "Remove" in the subject line.]

## **Emergency Contacts**

In case of emergency, please provide the names of friends or relatives in the area that we could contact.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Preferences and Limitations:**

Do you have any limitations that might prevent you from being able to perform any assigned volunteer tasks? Check one:  YES  NO

If YES, please describe:

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

## **References:**

Please list three personal references.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_

Relationship: \_\_\_\_\_

### **Volunteer Information**

How did you hear about volunteering for our program? \_\_\_\_\_

Would you like to be added to our mailing list? Check one:  YES  NO

I would be interested in volunteering for:

Meal Delivery to Homebound  Dining Center Help  Fill in

Please circle the days that are possible for you to volunteer.

Mornings: Mon Tues Wed Thur Fri Which is best? \_\_\_\_\_<sup>2<sup>nd</sup></sup>\_\_\_\_\_

Are you available to drive in inclement weather? Check one:  YES  NO

Do you have any of the following traction devices? Circle one:

4-wheel drive                      Chains                      Studs                      Snow tires

### **Anti-Harassment Policy**

RVCOG is committed to maintaining a work environment where the dignity of each individual is respected and which is free from any form of unlawful harassment. For that reason, we expect all employees/volunteers to accomplish their work/tasks in a business-like manner with concern for the well-being of their coworkers, clients and the public. Any harassment of employees, clients, volunteers, etc. by employees/volunteers is not permitted, regardless of working relationship or supervisory status. Likewise, we do not permit others on our worksites to harass our employees/volunteers.

Specifically forbidden is harassment of a sexual, racial, ethnic, age, religious or disability-related nature. This includes unwelcome sexual advances; innuendoes; unwelcome touching; dirty jokes; sexually explicit posters; vulgar language; and other verbal, graphic or physical conduct of a sexual nature that has the purpose or effect of creating an offensive work environment. It also includes racial slurs; ethnic jokes; derogatory comments about a person's disabilities, sex or sexual orientation, as well as other verbal, graphic or physical conduct of a racial, religious, ethnic, age or disability-related nature which creates an offensive work environment or interferes with your ability to perform your job duties/tasks.

In addition, no one is permitted to suggest or threaten that an employee's/volunteer's cooperation, tolerance or objections to unwelcome conduct of a sexual, racial, ethnic, age,

religious or disability related nature will have any effect on that employee's employment or volunteering. We do not condition employment/volunteering decisions on such factors.

**Confidentiality & HIPAA**

In our work, many employees/volunteers have access to confidential client personal and medical information. It is essential that all employees/volunteers maintain the integrity and confidentiality of the client information at all times. All employees/volunteers are strictly prohibited from discussing confidential client information with persons outside the office unless she/he is performing services directly related to treatment, payment or healthcare operations or unless you have been expressly authorized to release the information. Discussions regarding client medical records must be limited to what is necessary to perform your job duties/tasks and must be done in private and in strict confidence.

If you have any questions about whether you should disclose a client's identity, name of their doctor, or any other client information, contact our Privacy Officer, the Senior and Disability Services Director, before making the disclosure. More information on RVCOG's HIPAA privacy policies is available from the Privacy Officer. Employees/volunteers who violate client confidentiality and/or HIPAA privacy requirements will be subject to discipline, discharge and other legal action including criminal penalties for violations.

Also, although we are a public organization, some information obtained in the course of your employment/volunteering is confidential and may not be subject to public disclosure. Employee/volunteer phone numbers and addresses, or employee/volunteer medical information obtained as a result of your job duties/tasks are typical examples of information that we consider confidential. All employees/volunteers are prohibited from discussing confidential information with persons outside the office and persons in the office who do not have a business need to know unless you have been expressly authorized to release the information. If you have a question about whether information should be disclosed, contact the Privacy Officer before making the disclosure.

I understand that the right to confidentiality must be respected. I agree to keep any information confidential regarding the agencies, programs and/or families to which I am assigned.

**Driver's License/Car Insurance Policy**

As required by Oregon law, volunteers must carry liability, uninsured motorist, and personal injury protection insurance when driving for RVCOG's Food & Friends program. RVCOG assumes no liability or responsibility whatsoever for the operation of your vehicle. To the fullest extent permitted by law, volunteers agree to defend and hold RVCOG harmless from and against all claims, damages, loss and expense, including but not limited to attorney fees, arising out of the use of your vehicle. Volunteers must be 18 years of age and have a current driver's license.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_