



NATIVE AMERICAN CONNECTIONS

## Volunteer Profile

Name:

Home Address:

City:

State:

Zip:

Primary Phone:

Home

Cell

Work

Alternative Phone:

Email:

Date of Birth:

Employer:

Position:

Address:

City/Zip:

**How did you learn about Native American Connections or our programs?**

**Does your employer match your individual volunteer time or donations? If so please share with us how.**

**When would you like your volunteer position to start? (Date)**

**Do you have reliable transportation?** Yes No

**Which opportunity are you interested in? (Check all that apply)**

October Parade

Cooking

Donation Organization

Office/Clerical

Food/In-Kind Drive

Sponsor a Halloween/Thanksgiving/Christmas Event

Skilled Service (e.g. Tai Chi, Yoga, Hair Stylist)

Other

**What days and times are you available?**

MONDAYs to TUESDAYs to WEDNESDAYs to  
THURSDAYs to FRIDAYs to SATURDAYs to

**Please share your current/past volunteerism:**

Previous Volunteer Experience:

List any organizations of which you are currently a member:

**Emergency Contact** *(must be completed)*

Name of person

Phone #

### Criminal Background

Have you been convicted of, plead guilty to, or plead no contest to any crime (including DWI/DUI, but excluding minor traffic violations) in the past 7 years that has not been annulled, expunged, or sealed by a court? ☐ **Yes** ☐ **No** (**Note:** A "yes" response does not, necessarily, disqualify you from volunteering with NAC.) If yes, please explain (city, state, date, offense and circumstances).

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WEBSITE: [WWW.NATIVECONNECTIONS.ORG](http://WWW.NATIVECONNECTIONS.ORG)

Revised by MB on 09/25/2019

**Please read the following carefully. Initial after each section and print/sign on the line provided at bottom of profile.**

- **With full knowledge and understanding, I do hereby, waiver and release NAC from any claims, damages or liabilities that might occur to me while I am involved in the Volunteer Program.**
- I hereby acknowledge that I have voluntarily chosen to work as a volunteer with Native American Connections, an Arizona nonprofit corporation.
- I understand and fully acknowledge that, in volunteering for NAC, I am entering an AT WILL relationship and that this relationship may be terminated, at any time, by me or by NAC with, or without, notice for any reason.
- I further understand that by signing this agreement, I give permission for NAC to contact references and to check my driving and criminal background if necessary for the selected engagement. I understand that I may have to give additional information to NAC to secure such records.
- It is also my understanding that all information I provide to Native American Connections is true and complete to the best of my knowledge. I understand that giving false information is sufficient cause for immediate dismissal.
- I understand that I may be asked to attend further training to ensure the overall safety and security of all NAC clients, staff, and volunteers.

**Initials**

**As a provider of Alcohol and Drug Treatment, patient information is protected by Federal Law 42 CFR §2 as well as State of Arizona Administrative Code, R9-20.**

Native American Connections, Inc (NACI) requires all employees to abide by 42 CFR Part 2 and the Health Insurance Portability and Accountability (HIPAA) Privacy Rule; and as such, requires that employees may not use or disclose any information about any client unless the client has consented in writing (on a form that meets the requirements established by the regulations) or unless another very limited exception specified in the regulations applies. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.

Any release of information shall be as provided for in 45 CFR §164 and shall be directed through the Medical Records Department. Such release of information shall be with a consent by the client as provided for in Federal Statute and/or with a court order. 42 CFR §2 provides for the release of information in cases involving child abuse and shall be directed to the Medical Records Department through the Clinical Director to ensure compliance with all state and federal regulations. In such case as a medical emergency occurs involving a client, only information related to the medical emergency shall be released.

HIPAA and 42 CFR Part 2 permits programs to disclose limited information to law enforcement officers. Such disclosures must be directly related to crimes and threats to commit crimes on program premises or against program personnel and must be limited to the circumstances of the incident and the patient's status, name, address and last known whereabouts. See 42 CFR §2.12(c)(5).

**As a condition of volunteerism, each and every volunteer shall be required to abide by these requirements and shall under no condition release information regarding any client receiving services at the agency.**

**Initials**

**MODEL/PHOTORELEASEFORM**

I \_\_\_\_\_ (print name), hereby irrevocably consent that my photograph(s) may be utilized by Native American Connections for reproduction in editorial, advertising, marketing, Internet, display and all other media in a proper manner with or without using my name or the minor's name.

- *I waive any right that I may have to inspect or approve the finished product in connection to the use of the photograph(s).*
- I do further consent to the use of my photograph by successors and assigns, and anyone acting under the authority or permission of Native American Connections for all the aforesaid purposes. I hereby discharge and agree to hold Native American Connections and all associates harmless from liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite or edited form, whether intentional or otherwise by any means, including without any limitation any claims for libel or invasion of privacy.

**I certify that I am over 18 years of age and am free to give this permission and release, which I have read and understand. This release shall be binding on my heirs, legal representatives and all assigns.**

For minor/child model

(Print name of minor)

The undersigned represents that he or she is the parent or guardian of the minor names above, and represents that he or she has the legal authority to execute the foregoing consent and release, and hereby approves the foregoing and waives rights in the premises. No other permissions are required.

**Initials**

Volunteer Print Name:

Volunteer Signature:

Date

Phone

Email

Home Address