



OFFICE USE ONLY PROGRAM

___DSVS Volunteer Program
___AARP

OFFICE USE ONLY LOCATION

___Admin. Office
___MCSC
___MCSC Meal Site
___MCADP
___NCSC
___NCSC Meal Site
___NCADP
___WCSC
___WCSC Meal Site
___Community-based Meal Sites

**Palm Beach County
Community Services Department
Division of Senior & Veteran Services
810 Datura Street, West Palm Beach, FL 33401
Phone: (561) 355-4746 Fax: (561) 355-3222**

OFFICE USE ONLY Application Date: _____ **Application Termination:** _____

(PLEASE PRINT)

Name: _____
First Middle Initial Last

Date of Birth: ____/____/____ Sex: Female (F) Male (M)
Month Day Year

Home Address: Street _____ City _____ State/Zip Code _____

Check seasonal if part time resident _____

Home Telephone Number: _____ Mobile Number: _____

Availability: (Please indicate dates/times) _____

How did you hear about us? Walk-in/Website/Friend/Newsletter/Newspaper/Television/Other _____

Volunteer Experience: Yes ___ No ___

Experience working with seniors (please explain):

Why would you like to volunteer with Senior & Veteran Services (please explain):

Race

___ White
___ Black/African American
___ Native Hawaiian/Pacific
___ American Indian/Alaska Native
___ Asian
___ Other

Ethnicity

___ Hispanic
___ Non-Hispanic
___ Other

Emergency Contact Information

Primary

Name: _____ Relationship: _____

Home Telephone Number: _____ Mobile Number: _____

Secondary

Name: _____ Relationship: _____

Home Telephone Number: _____ Mobile Number: _____

Initial for permission to use your photo/image for publishing in the Division of Senior & Veteran Service's Newsletter, brochures or flyers and/or the County's County-line, Intranet or any other media outlets

All volunteers are required to have some or all of the following:

- If applicable, some volunteers will be required, prior to working, to have a background check, HIPAA training and a signed HIPAA Confidentially Agreement; as well as attendance at additional required training sessions.
- Volunteers shall maintain dress and grooming appropriate to the type of work performed.

I understand an individual who performs hours of service for a public agency for services rendered, is considered to be a volunteer during such hours. I further understand that I am an at-will volunteer, whereby my volunteer services are provided for an indefinite period and may be terminated by either myself or Palm Beach County Division of Senior & Veteran Services at any time. I am volunteering for civic, charitable or humanitarian reasons and I understand that this service opportunity is provided to me without promise, expectation, or receipt of compensation by Palm Beach County under this agreement. I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from consideration for volunteer service and may result in my dismissal, if discovered, later.

Volunteer Signature Date

Staff Signature Date

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in Senior and Veteran Services Programs, hereinafter called “The Activity”, I, _____, for myself, my heirs, personal representatives or assigns, or I, _____, signed as a caregiver for the participant, do hereby release, waive, discharge, and covenant not to sue the Palm Beach County Board of County Commissioners, Department of Community Services, Senior and Veteran Services Division, North County Senior Center, Adult Day Program or Meal Site and/or Mid-County Senior Center, Adult Day Program or Meal Site and/or West County Senior Center or Meal Site, and their officers, employees, and agents from liability from any and all claims including the negligence of Palm Beach County, Department of Community Services, Senior and Veteran Services Division, North County Senior Center, Adult Day Program or Meal Site and/or Mid-County Senior Center, Adult Day Program or Meal Site and/or West County Senior Center or Meal Site, their officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD, Palm Beach County Board of County Commissioners, Department of Community Services, Senior and Veteran Services Division, North County Senior Center, Adult Day Program or Meal Site and/or Mid-County Senior Center, Adult Day Program or Meal Site and/or West County Senior Center or Meal Site their officers, employees, and agents, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, but not limited to attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver, assumption of risks and indemnification agreement is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Volunteer’s Signature

Date

Witness’s Signature

Date

VOLUNTEER HIPAA CONFIDENTIALITY AGREEMENT

I, _____, have read and understand the Palm Beach County PPM #CW-P-072 regarding the privacy of individually identifiable health information (or protected health information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in Palm Beach County policies concerning PHI use, disclosure, storage and destruction.

In consideration of my volunteerism from Palm Beach County, I hereby agree that I will not at any time - either during my volunteerism with Palm Beach County or after my volunteerism ends - use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Palm Beach County, as set forth in PPM #CW-P-072 (privacy policies and procedures) or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my volunteerism with Palm Beach County, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Palm Beach County policies and procedures during the course of my volunteerism. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including the termination of volunteerism with Palm Beach County and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my volunteerism with Palm Beach County, regardless of the reason for such termination.

Volunteer's Signature

Date

Witness's Signature

Date