



JOSIAH HILL III CLINIC

*Reducing Toxins, Protecting Children, Improving Health*

**“Without a doubt, the most enjoyable aspect of volunteering with the clinic has been the opportunity to work closely with community members; providing an important service to those who genuinely appreciate it.”**

*–Josiah Hill III Clinic Volunteer*

## Volunteer Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City State Zip Code

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Preferred Means of Contact: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Ethnicity/Race (optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

Current Name of Employer/School: \_\_\_\_\_ Title: \_\_\_\_\_

Are you interested in assisting the Clinic in: (please check all that apply)

- Conducting blood capillary testing (finger prick testing)
- Analyzing samples
- Providing on-site education and referrals
- Conducting community outreach
- Providing translation and interpretation
- Conducting home health assessments
- Data Entry
- Special Events (annual fundraising and appreciation events)
- Speakers Bureau
- Other: \_\_\_\_\_

Professional Licenses: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Do you speak other languages? If yes please list the language(s) and your level of proficiency:

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**Please submit two references:**

|              |            |                            |        |      |
|--------------|------------|----------------------------|--------|------|
| 1. Name:     |            | Relationship to applicant: |        |      |
| Address:     |            | City:                      | State: | Zip: |
| Day Phone #: | Evening #: | Email:                     |        |      |
| 2. Name:     |            | Relationship to applicant: |        |      |
| Address:     |            | City:                      | State: | Zip: |
| Day Phone #: | Evening #: | Email:                     |        |      |

**Please list other relevant experience-work or volunteer:**

| <u>Organization Name &amp; Location</u> | <u>Dates involved</u> | <u>Position or Type of Involvement</u> |
|---|-----------------------|--|
|   |                       |  |
|   |                       |  |
|   |                       |  |
|   |                       |  |

Which days and times are you available to volunteer? \_\_\_\_\_

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In which areas of the Portland Metro area are you willing to volunteer? (Please circle all that apply)

North    Northeast    Outer Northeast    Southeast    Outer Southeast    Northwest    Southwest

Have you ever been convicted of a felony or misdemeanor (that has not been expunged)?  Yes  No

If yes, list dates, places, charges and disposition below. (A conviction is not an automatic disqualification from placement.)

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Why would you like to volunteer with Josiah Hill III Clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there certain topic areas you would like to have covered in your training? \_\_\_\_\_

\_\_\_\_\_

By submitting this application, I, \_\_\_\_\_ (please write in full name) authorize the Josiah Hill III Clinic to conduct the following:

- I \_\_\_\_\_ (please initial) give permission to Josiah Hill III Clinic staff, officers, and/or volunteers to check my references
- I \_\_\_\_\_ (please initial) give permission to Josiah Hill III Clinic staff, officers, and/or volunteers to complete a criminal history check
- I \_\_\_\_\_ (please initial) have read and understand my volunteer job description
- I \_\_\_\_\_ (please initial) understand that in case of an emergency Josiah Hill III Clinic staff, officers, and/or volunteers may provide identifying personal information to law enforcement or medical personnel
- I \_\_\_\_\_ (please initial) have read, fully understand, and agree to abide by Josiah Hill III Clinic's confidentiality policy
- I \_\_\_\_\_ (please initial) agree to not be under the influence of drugs or alcohol while working or volunteering with the Josiah Hill III Clinic
- I \_\_\_\_\_ (please initial) give permission to the Josiah Hill III Clinic to use my photo for publicity and grant reporting purposes. If you do not wish for the Josiah Hill III Clinic to use your photo please check here
- I \_\_\_\_\_ (please initial) certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in disqualification for service. I further understand that, if accepted for service, any misrepresentation that becomes known to Josiah Hill III Clinic may result in immediate termination

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



JOSIAH HILL III CLINIC

*Reducing Toxins, Protecting Children, Improving Health*

## **Confidentiality Statement & Agreement**

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### **Confidentiality Statement:**

Information about Josiah Hill III Clinic Program clients is strictly confidential and may not be released to any outside parties except when legally required. Volunteers are required to maintain this confidentiality.

### **Confidentiality Agreement:**

1. You will only use protected confidential information as needed to perform your responsibilities as an employee or volunteer with the Josiah Hill III Clinic;
2. You will in no way divulge copy, release, sell, loan, review, alter or destroy any protected confidential information except as properly authorized within the scope of your professional activities with the clinic;
3. You will not misuse protected confidential information or be careless with it;
4. You will safeguard and not disclose your computer password or any other authorization code that allows you access to protected confidential information, and you accept full responsibility for all activities undertaken using your assigned access code or other authorization material;
5. You will report activities by any other individual or entity that you suspect may compromise the confidentiality of any protected information as outlined above;
6. You understand that your obligations under this agreement remain binding if your affiliation with the Josiah Hill III Clinic is terminated for any reason;
7. You understand that any of your access privileges to confidential information are subject to periodic review, revision, modification and/or termination;
8. You understand that you have no right to or ownership interest in any protected confidential information;
9. You will be responsible for your misuse or wrongful disclosure of any protected confidential information and for your failure to safeguard this type of information;
10. You understand that the Josiah Hill III Clinic may take disciplinary action against you up to and including termination of employment or volunteer status in the event you violate this agreement. In addition, the clinic may initiate legal action including but not limited to civil litigation or criminal prosecution.

The following reasons are the only exceptions to this agreement:

- In a medical emergency, you may provide information to the medical personnel who will be dealing with that emergency, only to the extent necessary to meet the emergency.
- If you suspect or know of any child abuse or neglect, you must report it to the Josiah Hill III Clinic immediately. Josiah Hill III Clinic staff will assist you in notifying Child Protective Services of the suspected abuse or neglect if necessary. In the case of immediate danger call the police immediately and notify the on-site supervisor.
- Information may be released to law enforcement officers or emergency personnel if it is believed it will prevent an immediate act of violence, either to or by the client.

## Confidentiality Statement & Agreement

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I \_\_\_\_\_ (please write in full name) agree to confidentiality policy of Josiah Hill III Clinic (JHC)

I \_\_\_\_ (please initial) agree to follow Josiah Hill III Clinic's lawful directives, procedures, and policies.

I \_\_\_\_ (please initial) understand that my assignments may bring me into direct contact with youth, their families or associates, and that I may be exposed to potential hazards and risk of personal injury and property damage or loss arising from my participation as a volunteer or intern with Josiah Hill III Clinic. I hereby release Josiah Hill III Clinic, its officers, employees, and agents from liability for any and all claims, actions, obligations, costs, losses, or demands of any kind arising out of participation in this program.

I \_\_\_\_ (please initial) understand that JHC may terminate or modify the terms of this work agreement without cause at any time.

I agree to volunteer my services to the Josiah Hill III Clinic. There will be no monetary compensation for work provided during this period of time. Further extensions or modifications of this contract may be made on the basis of mutual agreement.

“By signing this document, I certify my acknowledgement and comprehension of the content and I agree to abide by the rules outlined therein.”

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

**Josiah Hill III Clinic's Volunteer and Intern  
Rights & Responsibilities**

Please initial next to each item:

\_\_\_\_ **CONFIDENTIALITY:** Oregon Law requires that you respect the confidence and privacy of clients. You are asked to sign a statement to that effect. You may talk about the agency and volunteer job, but do not tell clients' names or talk about them in ways that can identify them.

\_\_\_\_ **CONFLICT OF INTEREST:** A Josiah Hill III Clinic (JHC) volunteer acting in an official capacity shall not take any action that would result in the volunteer's financial benefit. They will not ask for or receive for themselves or for a member of their household, directly or indirectly, any monies or gifts from clients or their families.

\_\_\_\_ **VOLUNTEER/ CLIENT/ STAFF RELATIONSHIPS:** Josiah Hill III Clinic is an equal opportunity employer. As a volunteer of this agency, you must serve youth and families in a professional and ethical manner. This includes giving fair and impartial treatment to all program participants. Your involvement with them should be limited to activities consistent with your specified duties.

\_\_\_\_ **EQUIPMENT:** Equipment such as fax and copy machines, PCs, e-mail and telephones, including long distance dialing privileges, should be considered agency property and not to be used for personal business.

\_\_\_\_ **GENERAL VOLUNTEER CONDUCT:** JHC is committed to the highest standards of conduct by and among its employees, volunteers and interns in the performance of their duties. High ethical standards by employees and volunteers, are central to the maintenance of public trust and confidence in the agency. JHC staff, volunteers and interns shall therefore maintain a professional standard of conduct and shall not engage in conduct that would bring discredit upon the Agency or the JHC community.

\_\_\_\_ **GRIEVANCE PROCEDURES:** Employees, volunteers and interns are encouraged to discuss (verbally or in writing) any concerns they may have regarding the quality of their training and supervision, any reprimands directed towards them, or any other area in which they believe they have been discriminated or been the victim of negative behavior.

\_\_\_\_ **MANDATORY ABUSE REPORTING:** Volunteers or interns must, by law, report any suspected child abuse. Anyone making such reports, in good faith, shall have immunity from any liability, civil or criminal.

\_\_\_\_ **VALUING CULTURAL DIVERSITY:** The Josiah Hill III Clinic Program is committed to giving people with different backgrounds and lifestyles an opportunity to help others.

By completing this form, I agree to follow all of the Rights and Responsibilities as stated above.

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

**Please mail completed volunteer application forms to:**

**Josiah Hill III Clinic  
5018 NE 15<sup>th</sup> Ave. Portland, OR 97211  
Questions? Call 503.802.7389**



JOSIAH HILL III CLINIC

*Working to keep children and their homes safe*

**Authorization to Release Information—Page 1 of 2**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
First Middle Last

Other Names Used (including maiden): \_\_\_\_\_ Dates Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_ Sex:  Male  Female

Addresses for the past seven years (please include street, city, state)

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

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**DISCLOSURE:**

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

