



Volunteer Application



Your Name _____

Email _____

Local address _____

Phone _____

Residence Hall _____

Current Classification () Fr. () So. () Jr. () Sr. Expected year of Graduation

Major(s) _____

Minor(s) _____

Number of hours per week you can volunteer

Would you like to help with Administrative duties? () Yes () No

Would you like to help with Health Promotion/Outreach? () Yes () No

Are you eligible for the Federal Work Study Program? () Yes () No

Emergency Contact

Name	
Contact Number (type)	
Relationship	

Name	
Contact Number (type)	
Relationship	

Applicant Signature

Today's Date

Florida A&M University Student Health Services

Confidentiality Policy

Florida A&M University Student Health Services, a department in the Division of Student Affairs, requires that all employees, staff, contractors, volunteers, students and agents be informed of the confidentiality requirements regarding patient visits, professional care, medical records, and other health care related information; receive annual training; and sign confidentiality agreements annually. All medical, personal, biometric and financial information shall be treated as confidential.

This requirement is based on the following statutes and rules:

- Florida Statute, Chapter 119 (medical records)
- Florida Statute, Chapter 228.093 (student records)
- Florida Administrative Code, 6C-6.015 (student records)
- The Family Educational rights and Privacy Act, 20 U.S.C.,
Chapter 1232, regulation 34 CFR, Part 99
- Florida Statute, Chapter 10D-41 (laboratories)
- Standards for Individually Identifiable Health Information,
45 CFR, Parts 160 and 164

These statutes and rules are available for review upon request.

Access to confidential information in the medical record and associated documents is restricted to authorized personnel. This means that all employees/volunteers are prohibited from obtaining any information about a patient unless it is related to providing a service for that patient and that employees/volunteers are prohibited from divulging any information about patients to any individuals or groups without the express written authorization of the patient or as allowed by law. All reasonable measures will be taken to secure and maintain the confidentiality of health care records and personal information.

This policy of confidentiality extends to administrative and personnel issues.

Each full-time or part-time employee or volunteer is employed with the understanding that he/she comprehends and actively supports this policy.

Seeking or releasing any information, in violation of this policy is a serious matter which could result in disciplinary action up to and including termination, legal action and/or academic suspension/dismissal.

My signature below indicates that I have read, understand and agree to abide by this policy.

Employee Signature

Date

Name (Please print)

Campus ID #



FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

VOLUNTEER ACTIVITY AND SERVICES FORM

Volunteer Personal Information

Name _____ Telephone Number: _____
Address _____
City _____ State _____ Zip Code _____

Are you a U.S. Citizen or alien who has a legal right to work in the United States?

Yes No

Volunteer Type:

- Regular (provides continuous services)
 Occasional (provides one-time or occasional voluntary service)
 Material Donor* (provides funds, materials, employment, or opportunities for students or employees without compensation)

* Note: A Material Donor must be approved by the Vice-President or President of the Division

Courtesy Appointments – An unpaid appointment which may include special academic privileges such as voting in departmental affairs. Persons appointed with this status may or may not be otherwise affiliated with the University.

Activity/Service Details:

Will the volunteer render services in a position of special trust or safety sensitive area? (If Yes, see FAMU Regulation 10.131 Employee Background Screening and Fingerprinting and HR IOP-1002)

Yes No

Location/Department Activity/Service is to be performed:

Student Health Services - health promotion support, clerical support and assist with student support activities (food distribution, clothing closet, etc.)

Time Period Services will be rendered:

Beginning Date: _____ Ending Date: _____

Hours Per Week Available to Volunteer: _____

Terms and Conditions:

Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied toward community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protections (Chapter 768.28, F.S.) and by workers compensation (Chapter 440, F.S.). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department rules. This agreement can be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other state-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein.

SIGNATURES

Volunteer's Signature Date

Department Head Signature Date

President/Vice-President's Signature Date

HR Use Only

Approved: Yes No HR Administrator's Signature: _____