



Fitness, fun and family when children need it most

Volunteer Application Form
Please complete the entire application form and submit

Please print clearly:

Last: _____

First: _____

Middle: _____

Former Name(s) (please list any previous names, i.e. maiden or birth names):

Street Address:

City: _____ State: _____

Zip Code: _____

Phone: _____

Alternative Phone: _____

Email: _____

Birth date: _____

Social Security Number: _____

For your safety do not email your social security number only mail in your application.

Emergency Contact (Name, Phone and Relationship):

Volunteer Name: _____

Availability: Please indicate availability by checking all that apply:

Weekdays: _____ Morning _____ Afternoon _____ Evening

Weekends: _____ Morning _____ Afternoon _____ Evening

References:

Name: _____

Telephone: _____

Email: _____

Name: _____

Telephone: _____

Email: _____

Name: _____

Telephone: _____

Email: _____

Volunteer Experience: Please Explain:

Special Skills (Please Explain):

Other Involvement: Please list other activities and average time commitment (i.e. Soccer 3hr/wk)

Why are you interested in volunteering with BounceBack Kids?

How did you hear about this volunteer opportunity?

Volunteer Applicant Name Signature Page:

I understand that I must undergo a criminal background check prior to being accepted into the BounceBack Kids Volunteer Program. I understand that I must have the seasonal flu vaccination and the H1N1 flu vaccination. I understand that I cannot transport BounceBack Kids participants. I understand that my references will be contacted. I attest that the above information is true.

Signature Date

Consent: PARENTAL/GUARDIAN PERMISSION REQUIRED FOR ALL VOLUNTEERS UNDER 18 YEARS OF AGE.

I, the undersigned parent or legal guardian of _____, do hereby give permission for him/her to perform volunteer services with BounceBack Kids.

Signature of Parent/Guardian Date

CONFIDENTIALITY AGREEMENT

Participant, independent contractor, and employee information from any source and in any form (such as paper, talking, computers) is confidential. I shall protect the privacy and confidentiality of participant and independent contractor information.

Access to this information is allowed ONLY if I need to know it to do my position.

In my position, I may see or hear confidential information on:

PARTICIPANTS AND/OR FAMILY MEMBERS

Such as participant records, conversations and financial information

EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS, STUDENTS, PARTNERS

Such as salaries, employment records, disciplinary actions

BUSINESS INFORMATION

Such as financial records, reports, memos, contracts, computer programs, technology

THIRD PARTIES

Such as vendor contracts, computer programs, technology

OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW

Such as reports, presentations, survey results

I AGREE THAT:

1. I WILL access ONLY information I need to do my position.
2. I WILL protect the privacy of our participants, employees and independent contractors.
3. I WILL NOT show, tell, e-mail, copy, give, sell, review, change or improperly dispose of any confidential information unless it is part of my position. If it is part of my position to do any of these tasks, I will follow the procedure dictated by my supervisor (such as shredding confidential papers before throwing them away).

4. I WILL NOT misuse or be careless with confidential information.
5. I WILL NOT share any confidential information even if I am no longer associated with BOUNCEBACK KIDS as an employee, independent contractor or volunteer.
6. I KNOW that confidential information I learn on the position does not belong to me.
7. I AM RESPONSIBLE for my use or misuse of confidential information.
8. I understand that if I am allowed to remotely access confidential information that I AM RESPONSIBLE for ensuring the privacy, security and confidentiality of the information at ANY location (e.g., home, office, etc.).
9. When granted access to any BOUNCEBACK KIDS computer system, I will read and abide by these systems' Secure System Usage Memos.
10. I UNDERSTAND that BOUNCEBACK KIDS may take away or restrict my access at any time.

Failure to comply with this agreement may result in the termination of my role at BOUNCEBACK KIDS and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement

Signature: _____ Date: _____

Print Full Name: _____

Examples of Breaches of Confidentiality

(What you should NOT do)

These are examples only. They do not include all possible breaches of confidentiality covered by this policy and the agreement.

Accessing information that you do not need to know to do your position:

Unauthorized reading of participant information.

Accessing information on family, friends or coworkers.

Sharing, copying or changing information without proper authorization:

Making unauthorized changes on a participant's file.

Making unauthorized changes on an employee's file.

Making unauthorized changes to an independent contractor's file.

Making unauthorized marks on a volunteer's file.

Discussing confidential information in a public area such as a waiting room, elevator, or cafeteria.

Leaving a *secured application unattended while signed on:

Being away from your desk while you are logged into an application.

Allowing a co-worker to use your *secured application for which he/she does not have access

after you have logged in.

*secured application = any computer program that allows access to confidential information. A secured application usually requires a user name and password to login.

Signature

Date

Please mail the entire form and a \$10 check made out to “BounceBack Kids.” The check covers the fees incurred by BounceBack Kids for the background check.

Mail to:

Volunteer Coordinator
BounceBack Kids
1289 Fordham Boulevard, #317
Chapel Hill, NC 27514

THANK YOU FOR YOUR INTEREST IN BOUNCEBACK KIDS.

If you have any questions or comments please email volunteer@bouncebackkids.org or call 919-246-9100x1.

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www.bouncebackkids.org