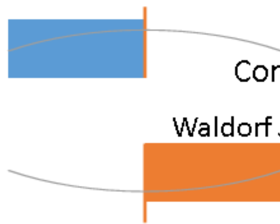


Community Resource Day 10/2/19

Waldorf Jaycee's Center from 10:00am—2:00pm

VOLUNTEER REGISTRATION

Event Location: Greater Waldorf Jaycees Community Center
3090 Crain Highway
Waldorf, MD 20601

Volunteers Navigators will be expected to act as guides and stay with the clients (*individuals or families)* for the entire time they are visiting the Resource Day. Volunteers will escort them to the services and remain with them during their receipt of services or while they are waiting to be served. Volunteers for set up and clean up will have a variety of tasks to assist vendors and clean up facility.

Personal Data: *(Please print clearly in ink)*

*Mr.*_____ *Mrs.* _____ *Miss*_____ *Ms.*_____

Name ______________________ ______________________ ______ Age 18 or older YES __ NO___
Last First M. I.

Mailing Address: ______________________ ______________________ ______ ______________
Street City State Zip Code

Home Phone ______________________ Work Phone ______________________ Cell Phone______________________

E-Mail Address ______________________________

Are you Bi-lingual? Yes ☐ No ☐ If so, what language? ______________________________

Do you have other special skills? If so, please provide ______________________________

Emergency Contact Information:

Name ______________________________ Phone ______________________ Relationship ______________

☐ **I wish to volunteer as a Navigator:** ***Training will take place at 9:30 a.m. and 11:30 a.m.***

All day: 9:30 a.m. to 2:00 p.m. ☐

Half day: 9:30 a.m. to 12:00 p.m. ☐ **or 11:30 a.m. to 2:00 p.m.** ☐

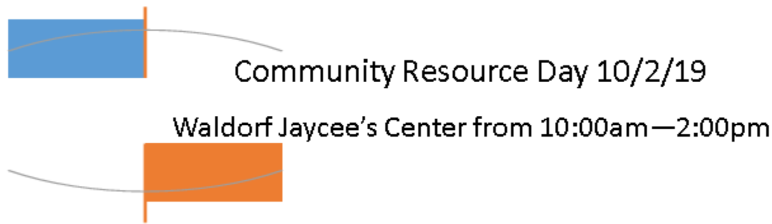
☐ **I wish to volunteer for set up or clean up: 8:00 a.m. to 10:00 a.m.** ☐ **1:30 p.m. to 3:30 p.m.** ☐

I agree to sign a Health Insurance Portability and Accountability Act (HIPAA) Form and abide by the requirements of volunteer service for Community Resource Day.

Signature: ______________________________ Date: ______________________________

Lunch will be provided to pre-registered volunteers.

Please complete this form and return by **September 28, 2019** to Terrie Horstkamp, United Way of Charles County, P.O. Box 2141, La Plata, Maryland 20646 or email to thorstkamp@unitedwaycharles.org or FAX 301-392-9286.



Charles County Homeless and Emergency Shelter Committee
c/o United Way of Charles County
P.O. Box 2141, La Plata, MD 20646
301-609-4844

HIPAA Acknowledgement for Volunteers

As a Community Resource Day Volunteer I understand that every client has the right to privacy under the Health Insurance Portability and Accountability Act (HIPAA). I understand and agree to a make every reasonable effort to maintain and ensure client confidentiality.

I understand that I am responsible for reporting suspected privacy violations to the Health Partners Privacy Officer (Executive Director).

By signing below I acknowledge that I understand the federal privacy practices and acknowledge that I can request clarification, training and assistance in regards to those practices at any time.

Printed Name: ____

Signature: ____

Date: _________________________