



Casa El Buen Samaritano

Volunteer Application

Name: _____ E-mail: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact Name: _____ Phone #: _____
Relationship: _____

Scheduling Preference (circle one) **Weekly** **Monthly** **As Needed**

- Clinical / Healthcare Volunteer(degree/specialty): _____
- Community Health Program Administrative Support
- Administrative Support
- Spiritual Ministry Volunteer Children's Ministry/Childcare
- Database Management Other
- Clinic Tour Guide
- Translation/ Bilingual Support _____
- Photography / Videography / Graphics / Web Design (circle all that apply)

Referred to CEBS by: _____
Date of Birth: _____ Gender: M F
Present Occupation: _____ Employed by: _____
Previous Work Experience: _____
Special Skills: _____
Reason for Volunteering: _____
Previous Volunteer Experience: _____
Church Affiliations: _____

Languages

English:	Verbal Fluency:	None	1	2	3	4	5	Reading:	None	1	2	3	4	5
Spanish:	Verbal Fluency:	None	1	2	3	4	5	Reading:	None	1	2	3	4	5

Have you ever been convicted, pled guilty or no contest, to a felony offense or any crime?
If yes, please explain: _____

Important: "Convicted" includes sentence to confinement, paid fine, served time, placed on probation (including deferred adjudication) and court-ordered restitution. By signing below, I give my consent to a requirement criminal history check.

I affirm that the above information is true and correct.

Applicant/Volunteer

_____ Date

Please return by email (volunteer@casaelbuen.org), phone (713.721.4100), or mail (P.O. Box 20487, Houston, TX 77225).

Office Use Only	
Reviewed by: _____	Date: _____
Mentor Assigned: _____	Date: _____

To share the Love of **Jesus Christ**: body, soul, spirit.



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Authorization For Release of Background Information

In connection with my application for volunteer service with **Casa El Buen Samaritano**

- I authorize **Casa El Buen Samaritano** and, their third-party credentialing verification organization, to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, consumer history, criminal history, education and employment information.
- I understand that **Casa El Buen Samaritano** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by Casa El Buen Samaritano or their third-party credentialing verification organization, for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **Casa El Buen Samaritano**, their respective employees, their agents, as well as and, their third-party credentialing verification organization and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: Casa El Buen Samaritano

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

EMAIL _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

Please return by email (volunteer@casaelbuen.org), fax (713.721.0104), or mail (P.O. Box 20487, Houston, TX 77225), phone (713.721.4100)

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Confidentiality Guidelines

The **Health Insurance Privacy and Accountability Act (HIPAA)** governs how all healthcare professionals and organizations maintain a patient's health information. **Protected Health Information (PHI)** under HIPAA means individually identifiable health information. Identifiable is defined by any data that can be linked to an individual.

1. You are not allowed to discuss matters concerning patients with member of your family, friends, or any other person that is not directly involved with the treatment of patient's care.
2. An adult patient's PHI should never be discussed with their spouse or parent, without the patient's written consent. Altering family or friends about a patient's diagnosis without written consent is a violation of HIPAA and could warrant fines and/or a lawsuit against you and Casa El Buen Samaritano (CEBS).
3. Information about a patient should never be discussed with other volunteers or employees during non-working hours.
4. Members of staff (employees and volunteers) should be careful not to be overheard when discussing other patients. For example, discussing information about a patient in the halls, waiting room, another exam room, etc.
5. Leaving medical records or test results where they can be seen and read by others not involved with the patient's direct care is a violation HIPAA. A patient's PHI is to be maintained at all times and is required by law.
6. Violations of a patient's PHI can result in a complaint to the Office of Civil Rights and could possibly warrant fines and/or a lawsuit against you and CEBS.
7. The responsibility of keeping patient information confidential is continuous and must be practiced constantly every day. Volunteers have a personal duty to make reasonable efforts to limit the amount of PHI that is used or disclosed.

I have read and fully understand the importance of practicing patient confidentiality at all times and I promise to uphold all the guidelines as state above.

Print Name

Signature

Date

Please return by email (volunteer@casaelbuen.org), fax (713.721.0104), or mail (P.O. Box 20487, Houston, TX 77225), phone(713.721.4100)

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