



GILA COUNTY DIVISION of HEALTH and EMERGENCY SERVICES

5515 South Apache Ave, Suite 100, Globe, AZ 85501
PHONE: (928) 425-3231 ext.8811 FAX: (928) 425-0794
"Improving the Quality of Life for all Residents"

Volunteer Application

All information will be treated confidentially. Please answer all questions as completely as possible.

Personal Information

Last Name: _____ First Name: _____

Middle Initial: _____ Sex: M F

Date of Birth: _____ SSN: _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Employer (if applicable): _____

Business Phone: _____

Emergency Contact

Name: _____

Relationship: _____

Day Phone: _____ Evening Phone: _____

Licenses (Drivers and Professional)

Type: _____ State: _____ Number: _____

Exp: _____

Type: _____ State: _____ Number: _____

Exp: _____

Degrees, Certifications, Skills or Languages (Include expiration date if applicable)

Volunteer Agreement Form

I understand that Gila County, to the extent allowed by law, will assume liability for any injury sustained by myself in performing tasks assigned to me as a volunteer, provided I am acting in the course and scope of the duties assigned to me and I am engaged in an authorized activity. I understand that injuries sustained while performing official duties will be covered under Gila County's Workers' Compensation program and that Workers' Compensation will be my sole remedy.

This coverage does not extend to injuries sustained by myself due to willful misconduct, gross negligence, or bad faith.

Further, I understand that being a volunteer does not constitute a pledge of employment, and that no tangible compensation will be provided. I understand that not everyone will be selected as a volunteer. If selected I agree to adhere to the rules and instructions of my volunteer assignments.

Volunteer Name (please print)

Volunteer Signature

Date

GILA COUNTY VOLUNTEER SERVICE AGREEMENT

I, **(Print Name)** _____ do hereby provide my services as a Volunteer in the Health and Emergency Services Division of Gila County government.

I understand that as a volunteer I am not entitled to any form of compensation including, but not limited to, cash, health care insurance, retirement, Social Security, Employee Assistance Program access or life insurance. I agree to abide by the rules and policies of Gila County government and the Department of Health and Emergency Services.

I understand that I, or my Appointing Authority, may discontinue my participation in this program at any time during the period of service.

I understand that as a volunteer I am not entitled to any of the rights and privileges as described in the Gila County Merit System Rules and Policies. Furthermore, I understand that participation as a volunteer does not entitle nor guarantee me future employment with Gila County.

Volunteer Signature

Date

Appointing Authority/Supervisor Signature

Date

VOLUNTEER STATEMENT OF USE AND CONFIDENTIALITY

I acknowledge that any information acquired during the performance of my volunteer services with Gila County, in the course of my assigned duties or in contact with any of the County's business affiliates, must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-PHI) as well as personal information, financial information, and County business related information.

Each individual volunteering for the County is responsible for protecting the privacy of County clients, personnel information, financial information and business information. They must also take care to preserve the confidentiality of such information in conversations, and in handling, copying, storing and disposing of documents and any and all electronic media that contains such information.

Access to County networking systems, HIPAA-PHI systems, personal information systems, financial information systems and other business affairs systems is permitted only on a need to know basis for the required performance of assigned responsibilities. Any violation of this acknowledgement is strictly prohibited.

Each volunteer is responsible for maintaining confidentiality by never discussing confidential information with others, never sharing passwords or access to information systems and always locking or logging off a terminal or workstation when leaving an area. Each person is accountable for all activity under their password account. Such activity may be monitored.

Disclosure of confidential information is prohibited except when it is required for the performance in the scope of assignment. Disclosure of confidential information as described above is prohibited indefinitely, even after termination of volunteer services, contract or any business agreement/relationship unless specifically waived in writing by an authorized representative of the County.

I certify that I have received and read this Statement of Use and Confidentiality Acknowledgement and understand the requirements set forth in it. I understand that I may be subject to criminal legal action and/or civil monetary penalties up to \$25,000 per person, per year for violations of the confidentiality of HIPAA-PHI. Any volunteer who violates the privacy and confidentiality of patient health information as well as personal client information, financial information, and County business related information, through disclosure or otherwise, may be subject to further legal action.

Name (Print)

Title

Signature

Date