

Previous Volunteer Experience				
Please summarize your previous volunteer experience along with dates of your volunteer activity.				
Background Information / Authorizations				
1. Have you ever been convicted of abuse, neglect, and/or exploitation of any person or have you been convicted of misappropriation of funds or property?	YES	NO		
2. Have you ever been convicted of a crime that has not been annulled by a court? Note: A criminal conviction will not necessarily disqualify you from volunteering, depending upon the position for which you are applying	YES	NO		
3. Are you (or have you ever been) a patient at AGCHC? If answer to 3. is YES, it is the policy at AGCHC to have an AGCHC provider authorize that the patient is cleared to perform the volunteer position assigned. I agree to this...	YES	NO		
4. Do you have any relatives working at AGCHC or on our Board of Directors?	YES	NO		
5. In order that Avis Goodwin Community Health Center (AGCHC) may process my application for volunteership, I hereby authorized AGCHC and its directors, board members, employees, representatives, and agents (hereinafter collectively referred to as AGCHC) to conduct a complete investigation into my background including, but not limited to, my entire employment history, including my fitness for duty at all prior employment; education history; criminal record and military record, if any' to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information AGCHC, in its sole discretion, deems as necessary to determine my eligibility for volunteership or for the purposes of confirming the accuracy or completeness of any information I have provided to AGCHC	YES	NO		
6. In consideration for the processing of my application for volunteership with AGCHC, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS AGCHC and all previous employers and other persons and organizations furnishing information in connection with AGCHC's investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for volunteerism with AGCHC.	YES	NO		
7. I understand that, if I am extended an offer for volunteership, any offer is contingent upon a satisfactory criminal background records check and, depending on the position I am offered, my submission to a medical examination to determine my ability to perform the essential functions of the position offered. I also understand that if offered a position I will be a volunteer-at-will.	YES	NO		
				Applicant Initials
7. By initialing this box and each of the following boxes, I acknowledge I have received a copy of the AGCHC Volunteer Handbook and have read, understand, and agree to abide by the policies, procedures, and protocols as stated in my AGCHC handbook and I have reviewed, understand and signed the following documents which will be kept in my file.				
Gray areas for agency use only	Specifics	To Do	Done	Filed
Agency and Volunteer Agreement				
Audio/Video Consent Form				
Confidentiality Policy				
Criminal Records Check Form, Notarized				
Identification Badge Receipt				
Parking Permit (Rochester Only)	#			
I certify that all the above information is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for volunteer opportunities and/or my termination from such.				YES NO
Signature _____		Date _____		

Printed Name

Thank you for completing this application form and for your interest in volunteering with us.

Interviewed by:

Date:



ACCESS TO CONFIDENTIAL INFORMATION

As an employee, volunteer, consultant, student, contractor, or other individual affiliated with Avis Goodwin Community Health Center (AGCHC), you may have access to what this policy refers to as "confidential information." The purpose of this agreement is to help you understand your duty regarding confidential information. Confidential information includes patient/member information, employee/volunteer/student information, financial information, other information relating to AGCHC and information proprietary to other companies or persons. Confidential information is any medical or demographic information that pertains to patients, colleagues, co-workers or other individuals associated with AGCHC which is stored and maintained, whether paper-based or computerized. Medical information is deemed confidential and should not be released to third parties unless authorized by the patient or legal representative or otherwise permitted by law. You may learn of or have access to some or all of this confidential information through a computer system or through your activities with AGCHC.

Confidential information is valuable and sensitive and is protected by law and by strict AGCHC policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the Center's mission. You are required to conduct yourself in strict conformance to applicable laws and AGCHC policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of employment and legal liability.

You will have access to confidential information which may include, but is not limited to, information relating to:

- ☞ Patients/members (such as records, conversations, registration information, patient/member financial information, etc.)
- ☞ Employees (such as salaries, employment records, disciplinary actions, etc.)
- ☞ AGCHC information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.)
- ☞ Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that you will use confidential information only as needed to perform my legitimate duties as an individual affiliated with AGCHC. This means, among other things, that:

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- ☞ You will only access confidential information for which you have a need to know;
- ☞ You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with AGCHC
- ☞ You will not remove any paper-based record, or copy, any report from the office unless otherwise permitted. Computerized health information should not be removed except in the performance of your duties and per security policies
- ☞ You will not misuse confidential information or carelessly care for confidential information
- ☞ You will safeguard and will not disclose your User ID, password or any other authorization you have that allows you to access confidential information
- ☞ You accept responsibility for all activities undertaken using your User ID, password or other authorization
- ☞ You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities
- ☞ You understand that your obligations under this policy will continue after termination of your employment or agreed upon terms of service with AGCHC
- ☞ You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal
- ☞ You understand that you have no right or ownership interest in any confidential information referred to in this policy. AGCHC may at any time revoke your access code, other authorization, or access to confidential information. At all times during your employment or affiliation with AGCHC you will safeguard and retain the confidentiality of all confidential information
- ☞ You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard my access code or other authorization access to confidential information. You understand that your failure to comply with this policy may also result in your loss of employment or affiliation with AGCHC.

I acknowledge reading this policy and agree to adhere to it.

Individual's Signature

Date

Name Printed



State of New Hampshire

DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-2964

Colonel Frederick H. Booth

Dear Sir/Madam:

The Criminal Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information's, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination of CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-B:14 and RSA 106-B:7,1(b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the **CONVICTION INFORMATION** of another, provided they produce a notarized **CRIMINAL RECORD RELEASE AUTHORIZATION FORM** signed by the individual whose record is sought.

To assist you with this transaction, I have enclosed a copy of the required **CRIMINAL RECORD RELEASE AUTHORIZATION FORM**. ***FAX OR TELEPHONE REQUESTS WILL NOT BE ACCEPTED***. Requests by mail **MUST HAVE SECTION II COMPLETED**. You may copy the Criminal Record Release Authorization Form as your needs dictate. A fifteen dollar (\$15.00) fee is charged for **EACH** record request. Please make checks payable to **NHSP-CRIMINAL RECORDS**.

To expedite the return of your request, please include a typed self-addressed envelope.

Please feel free to visit our website at www.state.nh.us/safety/nhsp/, or if you have any questions, please call (603) 271-2538. Thank you for your anticipated cooperation.

Sincerely

Jeffrey R. Kellett, Administrator
State Police Criminal Records Unit

Enclosure



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records

Ten Reasons to Volunteer

10. Challenge - Move out of your comfort zone and experience something new.
9. Take Charge - Create a fundraiser, a community project and see it through to the end.
8. Get Out of House - Volunteer projects keep you going Get out of the house, think about someone else, keep active...sure wards off depression and loneliness!
7. Bolster Your Resume - Great way to fill in gaps, gain new experience and show your sense of commitment to prospective employers.
6. Guilt - Yep, get over those feelings of being guilty because you have a good safe life...help those who don't.
5. It's Rewarding and Fun!! - Laughter, chumming around the water cooler, working hard and feeling good about it, feeling satisfied at the end of the day.
4. Friends - You never know who you'll meet volunteering...your next best friend, your new quilting buddy, someone to go to yard sales with. Or the Governor...or who knows who'll be there tomorrow.
3. Adventure - New opportunities for training, learning, experiences.
2. Express your Concern for your Community - There is no better way to let the community know you care than by being involved in it, working in it to understand it, seeing where it needs to go, and working to get it there.
1. IT'S FREE !! - Now what can top that?