



Riverside Life Services
3727 McCray Street, Riverside, CA 92506
(951)784-2422 FAX (951)246-2907
riversidelifeservices.org

CONFIDENTIAL VOLUNTEER APPLICATION

Thank you for your interest at Riverside Life Services.

Some of the questions on this application are extremely personal and therefore will be held in strictest confidence. These applications will only be reviewed by the Executive Director, Director of Client Services, Nurse Manager, or the Office Manager. ***If you are not comfortable answering any items, please leave the question blank and discuss them in your interview.***

THE APPLICATION PROCESS

Please allow a minimum of two weeks from the time you submit an application to be contacted by either the Executive Director, the Director of Client Services, Nurse Manager, Or the Office Manager. Please feel free to contact the center via telephone or email (info@riversidelifeservices.org) for any questions or concerns during this process.

PERSONAL INFORMATION

Today's

Date: _____

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Marital Status: _____ How many children? (if applicable): _____

EDUCATION

Education: High School Graduate College Graduate Current Student: grade/level _____



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School(s) Attended/Degrees/Programs:

School	School Name	Major	Minor	Years completed	Did you graduate?	Degree of Diploma
High School						
College or University						
Graduate Program						

OCCUPATION

Current Employment Status: Full-time Part-time Retired Currently no employed

Employer: _____

Position: _____

AVAILABILITY

Day	Times
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday*	
On- Call	

*The center is not open on Saturdays. However, we have occasional events such as health fairs, fundraisers, and meetings that may be held on this day.

LANGUAGE SKILLS

English Spanish Other

(Specify): _____



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Please Check any that apply:

I can: Read Speak Write Translate in the above languages.

Please answer the following questions:

Previous Volunteer Experience:

Do you attend a church? Yes No If so, Where?

Have you ever had any experience or training in counseling? Please explain.

How did you hear about volunteering at Riverside Life Services?

Why would you like to volunteer at Riverside Life Services?

What do you hope to gain from volunteering at Riverside Life Services?

How does your spouse/family feel about this possible volunteer opportunity with Riverside Life Services?

Have you ever known a woman who was considering an abortion? If so, please explain what happened.

Have you personally known an unwed or single mother and in what circumstances?



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How do you feel about abortion as a solution to an unplanned or unwanted pregnancy?

What circumstances would you consider abortion as an alternative? Check all that apply:

- Never and Option Rape or Incest To save the life of the mother
Extreme Psychological Stress Financial Hardship Birth Defect
Hostile Partner
Other: _____

How do you feel about birth control for unmarried women?

Please make a general evaluation of you personal knowledge at this time in the following areas:

Knowledge of abortion methods: Excellent Fair Poor

Knowledge of abortion issues: Excellent Fair Poor

What books, videos, films, materials, and/or presentations have you seen/heard relating to the issue of abortion?

Have you been involved in sidewalk counseling? Yes No If yes, please explain below:

Have you ever been arrested? Yes No If yes, please explain below:

Have you ever been convicted of a crime? ? Yes No If yes, please explain below:

Have you ever had psychological counseling? Yes No

Have you ever been hospitalized for alcohol or drug use? Yes No

If you are applying as a medical volunteer, do you currently have an active California License?

Yes No

If so, please specify what your licensing is for: _____



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Do you have any medical conditions that would affect any aspect of your volunteer work (e.g. pacemaker, implant, artificial hip or knee, back condition or spinal injury, etc)? Do you have any conditions that require prescription medications (e.g. high blood pressure, epilepsy/seizure disorder, diabetes, headaches, etc)? (This information will help us place you.)

REFERENCES

If you hope to be involved in counseling, we will need two letters of reference from people who have known you for at least ONE YEAR and who can comment on your potential as a volunteer. If you are involved in a church, one reference should be from your pastor or someone on the pastoral team who knows you.

1. Name: _____
Address: _____

Home Phone: _____ Cell Phone: _____ Preferred: Home Cell

How do they know you?

2. Name: _____
Address: _____

Home Phone: _____ Cell Phone: _____ Preferred: Home Cell

How do they know you?

"Whatever you do, work at it with all your heart, as working for the Lord, not for men."

Colossians 3:23 (NIV)

Applicant Signature: _____
Date: _____



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STATEMENT OF FAITH

*"For God so loved the world that He gave His only begotten Son,
that whoever believes in Him should not perish but have everlasting Life."*

John 3:16 (NKJV)

Before becoming a volunteer or staff member, each candidate must sign the following:

The counseling and assistance offered at Riverside Life Services will be Christ centered and all assistance and counseling will be consistent with the statement of faith printed below:

Faith Statement:

I believe in the triune: God, Son, and Holy Spirit.

I believe that Jesus Christ is the only divine Son of God, who died for our sins and arose from the dead.

Jesus Christ is my Lord and Savior.

Signature: _____

Date: _____

VOLUNTEER OPPORTUNITIES



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Below is a list of volunteer opportunities we have at Riverside Life Services. Please check off the types of activities you think you might be interested in. Thank you for wanting to a part of what we are doing!

I am interested in volunteering for:

- Crisis Pregnancy Advocate
- Abstinence- Sexual Integrity/Purity Counseling
- STD/STI Counseling
- Post-Abortion Counseling
- Receptionist/Assistant Receptionist
- Translate English/Spanish
- Make Baby Blankets or Layettees
- School and Community Event Outreach
- Speakers Bureau
- Public Relations Work
- Medical Care: Assistant Nurse Doctor Other: _____
- Fundraising Projects
- Newsletter Production
- Help with Bulk Newsletter Assembly
- Cleaning Building Once a Week
- Maintenance
- Church Contact
- Office/Clerical Work
- Computer Input
- Help with or Teach Parenting Classes
- Other: _____



VOLUNTEER SERVICES

Requirements:

- ❖ Volunteers must be a high school graduate in order to be a crisis advocate at the center. High school students may volunteer at the center with parent/guardian consent. These hours involve different projects that do not have direct contact with our clients.
- ❖ Volunteer candidates must submit two reference forms (attached) that can either be emailed at info@riversidelifeservices.org or mailed to the center. These references should be from people you have known for at least one year, and can comment on your potential as a volunteer.
- ❖ Volunteer candidates must be interviewed by the Executive Director, Director of Client Services, or Nurse Manager before being accepted as a volunteer. Once accepted, each volunteer will undergo an evaluation, annually.
- ❖ Once accepted, volunteers are required to watch the six hour Care Net Volunteer Training Curriculum, and shadow either the Director of Client Services or the Nurse Manager before working one-on-one with clients.
- ❖ Once accepted, volunteers are to provide a copy of their driver's license, social security card, and vaccination record. Volunteers are **REQUIRED** to be updated with their Hepatitis B vaccines and Flu Shots or can sign an annual waiver form. Riverside Life Services is a state licensed medical clinic. Therefore, volunteers must also get a physical and TB test done **ANNUALLY**.
- ❖ Once accepted, volunteers are required to sign various forms for their personal file that coincides with the Riverside County Public Health Department's requirements for staff files.
- ❖ Volunteers must also have a Live Scan done for the background check aspect of their file.
- ❖ Volunteers are required to understand informed consent, confidentiality, mandated reporting, child abuse recognition, suicide recognition, domestic violence recognition, and HIPPA laws.
- ❖ Volunteers are required to know and understand **ALL** of Riverside Life Services' policies and procedures.
- ❖ Medical volunteers are required to also provide a copy of their C.P.R. certification, a copy of their license, a curriculum vitae, and a copy of their proof of insurance.

Don't worry we can help you with all these things.

CONFIDENTIALITY AGREEMENT



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According to California law, we must keep a strict policy of confidentiality with our clients.

It is the responsibility of all Riverside Life Services' personnel, including employees, board members, and volunteers, to preserve and protect confidential client, employee and business information.

The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law, the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a client's medical history, mental, or physical condition or treatment, as well as the client's and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

- ❖ Physical medical and psychiatric records including electronic, paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- ❖ Client insurance and billing records;
- ❖ Mainframe and department based computerized patient data and text messaging;
- ❖ Visual observation of patients receiving medical care or accessing services; and verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- ❖ Employee home telephone number and address;
- ❖ Spouse or other relative names;
- ❖ Social Security number or income tax withholding records;
- ❖ Information related to evaluation of performance;
- ❖ Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege;
- ❖ Other such information obtained from the center's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- ❖ Disclosure of confidential business information that would cause harm to Riverside Life Services.



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I understand and acknowledge that: *(Please initial next to each statement showing that you agree to each statement.)*

- ____1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
- ____2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to Riverside Life Services and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
- ____3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted to by law, and in a manner which is consistent with officially adopted policies of Riverside Life Services, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of Riverside Life Services' affairs.
- ____4. Riverside Life Services performs audits and reviews patient records in order to identify inappropriate access.
- ____5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
- ____6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
- ____7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
- ____8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
- ____9. My obligation to safeguard client confidentiality continues after I am no longer a staff member, board member, or volunteer at Riverside Life Services.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that Riverside Life Services may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from my employment or affiliation with Riverside Life Services.

I HAVE READ THE ABOVE INSTRUCTIONS ON THE POLICY OF CONFIDENTIALITY AND EXCEPTIONS TO CONFIDENTIALITY AND WILL ABIDE BY THESE POLICIES.

Signature: _____

Date: _____



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REFERENCE FORM

I, _____, hereby give full permission to the person below the line to disclose any personal or work related information which he/she believes to be true.

Applicant Name: _____ Positions applying for:

Applicant Release Signature: _____ Date: _____

Reference fills out form beyond this point

Note to the Reference:

This person has applied to volunteer at Riverside Life Services and has listed your name as a reference. Riverside Life Services is a non-profit pregnancy center who helps women make decisions about their unintended pregnancy. Volunteer responsibilities include a genuine care for clients, an empathetic understanding of client's situations and walks of life, and a willingness to help clients in all that they need.

Your honest appraisal will assist us in evaluating the applicant's qualifications and abilities for this position. Your appraisal will be kept in strictest confidence. Please leave blank any question you feel unqualified to answer, and feel free to include a personal note regarding the qualifications of the applicant. When complete, please mail this form to Riverside Life Services at 3727 McCray Street, Riverside, CA 92506, or email it to info@riversidelifeservices.org. Please remember that it will be the truly exceptional person who ranks high in all categories. Your prompt response is greatly appreciated.

Thank you for your time and commitment.

Your Personal Information

Reference Name: _____ Date: _____

Occupation: _____

Position/Company: _____

Relationship to Applicant: _____ Phone: _____

Email Address: _____

Would you like to be added to our newsletter? Yes No

QUESTIONS REGARDING APPLICANT

In your opinion, is the applicant a Christian? For how long?

How long have you known the applicant?



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Please explain any tendencies or traits which might reduce the effectiveness of the applicant in the positions the applicant would be responsible for.

Work Habits

Resents Suggestions Meets Average Expectations Very Teachable Self Starter Unusual Perseverance Work-a-Holic

Leadership Ability or Style

Hates Being Responsible Reluctant to Lead Leads When Sees the Need Takes Command Grabs Control Regardless

Social Interaction /Relationship with Peers

Avoided Tolerated Liked Well-liked Respected- sought out by others

Personality

Cold Shy & Withdrawn Quiet Reserved Friendly Warm Outgoing Extroverted Overbearing

Emotional Stability

Disturbed Often Over-Responds Tends to be Moody Well-Balanced Self-Controlled Thick-Skinned A Rock

Please use the scale below to rate the applicant in the following areas

1-Poor 2-Just OK 3-Average 4-Exceptional 5-Never Seen Better

- Flexibility (ability to adjust new conditions or duties)_____
- Personal Integrity(honesty and ability to make good decisions)_____
- Cooperation(ability to make friends and meet new people)_____
- Quality(accuracy/thoroughness of workmanship)_____
- Attitude(disposition toward hard work and authority)_____
- Dependability(reliability and ability to complete a task)_____
- Appearance(neatness and dress)_____
- Perseverance(ability to follow-through with responsibilities)_____

Please check off your recommendation: Strongly recommend Recommend Recommend with Hesitation Do not Recommend

Additional Comments:

Signature: _____
 Date: _____

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Please check off your recommendation: Strongly recommend Recommend Recommend with Hesitation Do not Recommend

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