



# VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_  
Title First Last

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Place of Employment (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Cell Work or Other

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
MM/DD/YYYY

Are you volunteering with a group?

Yes  No

If yes, please identify group: \_\_\_\_\_

How did you hear about Byron Neighbors Helping Neighbors Volunteer Opportunities?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (A conviction itself does not constitute an automatic bar to volunteering as the seriousness and type of crime, date of conviction and duties of the position will all be considered).

Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# VOLUNTEER APPLICATION FORM

---

Please select the volunteer opportunitie(s) you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Grocery Shopping                          | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Regular Snow Removal                      | <input type="checkbox"/> Seasonal Chore Work (leaf raking, window washing, etc.) |
| <input type="checkbox"/> Regular Lawn Mowing                       | <input type="checkbox"/> Handyworker (skilled, minor carpentry and repair)       |
| <input type="checkbox"/> Housework (laundry, light cleaning, etc.) | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Assurance Calls                           | <input type="checkbox"/> Office Work   |
| <input type="checkbox"/> Friendly Visiting                         | <input type="checkbox"/> Newsletter Writer                                       |

Our clients and other parties with whom we do business entrust Byron Neighbors Helping Neighbors with important information relating to their personal lives. It is our policy that all information considered confidential will not be disclosed to external parties or other employees/volunteers without a "need to know."

Due to your assignment as a volunteer with our agency, you may indirectly gain knowledge or information about our clients which is private and governed under the Health Insurance Portability and Accountability Act (HIPAA). Any information you may obtain, such as participants names, disability, etc. must be maintained as private.

Therefore, as a volunteer with Byron Neighbors Helping Neighbors, by signing below you are agreeing to maintain the privacy and confidentiality of such information for an indefinite period of time, even after you are no longer volunteering with our agency. You recognize the value and sensitivity of client information and understand that it is protected by law and the policies at Byron Neighbors Helping Neighbors.

I understand that Byron Neighbors Helping Neighbors will not be held responsible for any injuries or claims that may occur during my volunteer involvement.

---

Signature

---

Date



507-218-3275  
680 Byron Court NE, Byron, MN 55920