



# Volunteer Application

\_\_\_ Community Volunteer \_\_\_ LHU Student \_\_\_ Senior Project

## Personal Information

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**College Students Only:** What is your major? \_\_\_\_\_

## Interests/Hobbies:

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

## Best days/times to volunteer:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STATEMENT AND AGREEMENT OF  
CONFIDENTIALITY

I understand and agree that in the performance of my duties as a volunteer at Lock Haven Rehabilitation & Senior Living, I must hold all medical, administrative and personal information in confidence.

I further affirm my commitment to protect the confidentiality of health information. Lock Haven Rehabilitation & Senior Living has a legal and ethical responsibility to safeguard the privacy of all residents and to protect the confidentiality of their health information. I understand that such information must be maintained in the strictest confidence. As a condition of my assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my assignment at Lock Haven Rehabilitation & Senior Living disclose any patient information to any person whatsoever or permit any person to examine or make copies of any patient information, other than as necessary in the course of my assignment.

When patient information must be discussed with other health care practitioners in the course of my assignment, I will use discretion to ensure that others who are not involved in the residents' care cannot overhear such conversations.

I understand that any violation of this statement and agreement of confidentiality may result in corrective action, dismissal and possible criminal or civil prosecution as permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date



**ATTESTATION OF 2 YEARS  
OF CONTINUOUS PENNSYLVANIA RESIDENCY**

My signature below indicates that I have been a continuous Resident of Pennsylvania for the past two (2) years.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION TO CONDUCT  
CRIMINAL HISTORY RECORD CHECK**

I, \_\_\_\_\_, hereby authorize Lock Haven Rehabilitation & Senior Living to conduct a Criminal History Record Check with the Pennsylvania State Police and/ or the Federal Bureau of Investigation.

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date