



Meeting Street

1000 Eddy Street
Providence, RI 02905
(401) 533-9100

FAMILY VOLUNTEER APPLICATION

Contact Information					
Last Name:		First Name:		Middle Initial:	
Street Address:				Apt #:	
City:		State:		Zip Code:	
Primary Phone:		Secondary Phone:		Date of Birth:	
Email:					

Emergency Contact					
Name:			Relationship:		
Street Address:				Apt #:	
City:		State:		Zip Code:	
Primary Phone:			Secondary Phone:		
Email:					
Name:			Relationship:		
Street Address:				Apt #:	
City:		State:		Zip Code:	
Primary Phone:			Secondary Phone:		
Email:					

General Information

1.	Do you have any special skills or interests? (i.e. artistic, musical background, etc.)?			
2.	Are there any medical and/or physical limitations we should be aware of which would enable us to better utilize your skills for placement as a volunteer/intern? (i.e. unable to lift but willing to work in clerical capacity)?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:		
3.	Please check the days and time you are available to volunteer:			
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Early Morning (8:00 am – 10:00 am) <input type="checkbox"/>		Afternoon (12:00 pm – 2:30 pm) <input type="checkbox"/>		
Late Morning (10:00 am – 12:00 pm) <input type="checkbox"/>		Other <input type="checkbox"/>	Identify Times:	
4.	Please check the areas in which you would like to volunteer:			
Other _____ <input type="checkbox"/>	Reading Tutor <input type="checkbox"/>	Clerical (copies/lamination) <input type="checkbox"/>		
Chaperone (fieldwork/community outing) <input type="checkbox"/>	Class Reader <input type="checkbox"/>	Lunch Room Assistant <input type="checkbox"/>		
Run an After School Program Club/Sport: _____ <input type="checkbox"/>	Math Tutor <input type="checkbox"/>	Special Projects <input type="checkbox"/>		

Family Volunteer Requirements

For protection of our clients and staff, we require proof of being free of infectious disease from all prospective employees and/or volunteers. You are required to complete our health form, which must be signed by a physician, a certified nurse practitioner, or a physician assistant. This is a prerequisite to volunteering/interning at Meeting Street. Please submit the documentation to the School Program Administrative Assistant or appropriate supervisor.

ACKNOWLEDGEMENT OF PROCEDURE REGARDING MEETING STREET'S COMPLIANCE WITH THE FEDERAL AND STATE CONFIDENTIALITY LAWS AND THE HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT OF 1996 (HIPAA)

This is to advise all family volunteers that Meeting Street is a private non-profit organization. We are subject to Federal and State guidelines under the Laws of Confidentiality. All programs that are part of Meeting Street are subject to the Confidentiality Laws and the Health Insurance Portability Accountability Act of 1996. Client and donor information, whether part of a record or not, IS NOT to be used or disclosed with anyone. A signed authorization must be on file in the student/client's record and written permission must be obtained from your immediate supervisor prior to the use or disclosure of Protected Healthcare Information (PHI). All volunteers must complete HIPAA orientation. Therefore, we request that after reading this brief statement, you sign below acknowledging that you are aware that you must comply with the Confidentiality and Health Insurance Portability Accountability (HIPAA) Laws that you have been advised thereof.

SIGNATURE OF AGREEMENT

By checking this box, you are authorizing your signature electronically.

Volunteer Signature:		Date:	
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