



Eastern Nebraska Office on Aging
SENIORHELP ONLINE VOLUNTEER APPLICATION / YOUTH
PART I

DATE \_\_\_\_\_

PERSONAL INFORMATION

NAME: \_\_\_\_\_ Name used: \_\_\_\_\_ M F (Circle one)

ADDRESS: \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

RACE (OPTIONAL): White Black Hispanic Asian Indian Other \_\_\_\_\_

PLEASE LIST TWO CHARACTER REFERENCES: (Name, address, phone and email) - please print clearly:
(REFERENCES MUST BE AT LEAST 21 YEARS OLD - No family members please)

Table with 5 columns: Name, Address, Zip, Phone, Email. Two rows for character references.

HEALTH INFORMATION

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DO YOU HAVE ANY MOBILITY RESTRICTIONS? Yes No (Circle one)

If yes, please explain \_\_\_\_\_

SCHOOL/OCCUPATIONAL INFORMATION

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

EMPLOYER (if applicable) \_\_\_\_\_

ARE YOU INVOLVED IN EXTRA-CIRRICULAR SCHOOL ACTIVITIES? (Please explain)

\_\_\_\_\_

DO YOU DRIVE? Yes \_\_\_\_\_ No \_\_\_\_\_ PLEASE NOTE: The SeniorHelp program does not provide transportation. If you are unable to drive you must be able to make your own transportation arrangements.

**PART II**

---

---

HAVE YOU EVER VOLUNTEERED BEFORE? IF SO, WITH WHOM? \_\_\_\_\_

DO YOU SPEAK ANY FOREIGN LANGUAGES? (Including sign language) \_\_\_\_\_

WHAT ARE YOUR SPECIAL SKILLS, INTERESTS, OR HOBBIES? \_\_\_\_\_

ARE YOU COMFORTABLE WORKING WITH ALL TYPES OF PEOPLE? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

HAVE YOU EVER BEEN IN A COURT DIVERSION PROGRAM? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Criminal Background Checks are conducted through the Nebraska State Patrol for volunteer placements through SeniorHelp. Since we cannot do criminal background checks on minors we ask that a parent or guardian also sign this application and complete the parental permission form included with this application.

**I certify to the best of my knowledge and belief that the information provided by me is correct and complete. I understand that any false information contained on this document may result in termination from the volunteer program.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE



Eastern Nebraska Office on Aging  
SeniorHelp Program

4223 Center Street  
Omaha NE 68105  
402-444-6536

**SENIORHELP VOLUNTEER PROGRAM  
YOUTH PARENTAL PERMISSION RELEASE  
Parental Permission for Volunteering**

My son/daughter/ward, \_\_\_\_\_  
circle one First name Last name

has my permission to participate in the SeniorHelp Volunteer Program through the Eastern Nebraska Office on Aging, and I make my commitment to support my child/ward in these activities.

I understand that my child will be in the homes of adults aged 60 and older. I understand that children under age 12 must be supervised by an appropriate adult *at all times* while at a client's home and it is my responsibility to provide proper adult supervision. I also understand that the SeniorHelp staff has the authority to determine it is not safe or appropriate for my child to volunteer without adult supervision in any situation.

On behalf of my child, I waive any right or cause of action arising as a result of my child's participation with the SeniorHelp Volunteer Program and/or in connection with services my child may provide or tasks he/she performs from which any liability may or could accrue against SeniorHelp or the Eastern Nebraska Office on Aging. I understand and agree this waiver shall include any rights or causes of action resulting from personal injury to my child or damage/loss sustained to my child's property in connection with my child's activities related to the volunteer services he/she provides through the SeniorHelp Program.

I understand it will be my responsibility to arrange transportation to and from the volunteer site if my child does not drive and that the SeniorHelp Program of the Eastern Nebraska Office on Aging is not responsible for and does not provide transportation for volunteer activities.

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian name

SeniorHelp Program Director \_\_\_\_\_





**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, hereby agree to honor the rights of confidentiality of the clients I serve through the SeniorHelp Program of the Eastern Nebraska Office on Aging (ENOA). I agree that the well-being of the clients served is of the greatest importance. I respect the right to confidentiality and will safeguard confidential information as required by ENOA and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for every person served. Violations of confidentiality and/or the HIPAA regulations will result in termination from the SeniorHelp Program.

This means I will respect the client's rights by not repeating anything they may tell me: I will not disclose any personal, medical or demographic information, including names and addresses. Exceptions include the SeniorHelp Program staff and to other volunteers for projects and assignments *strictly* on a *need-to-know* basis only.

I fully understand that violation of the rights of the clients served and breaking confidentiality will be cause for my termination from the SeniorHelp Program.

**VOLUNTEER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PROGRAM DIRECTOR** \_\_\_\_\_

**DATE** \_\_\_\_\_



Eastern Nebraska Office on Aging  
4223 Center Street  
Omaha NE 68105  
444-6536

# WHAT IS HIPAA?

## DOES IT IMPACT YOU AS A VOLUNTEER?

It is essential that you understand the requirement to keep information about our clients confidential. We will only share information with you that we feel is relevant to your task, but we know our clients will often share more information as you develop relationships with them. There can be civil and criminal consequences for not complying with the HIPAA privacy law therefore it is important to understand how it interfaces with agency volunteers and your responsibility to protect confidentiality as an Eastern Nebraska Office on Aging (ENOA) SeniorHelp Volunteer.

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA is a public law, a set of federal regulations relating to the transfer of and security for **protected health information (PHI)**. The *Protected Health Information* referred to in the HIPAA privacy law includes any information related to a person's past, present or future **physical** or **mental** health. PHI also includes any information that could identify a person, (living or deceased).

This law applies to you as an agency volunteer because of your direct access to our clients through the ENOA SeniorHelp Volunteer Program and potentially to their *health information* because of that access. SeniorHelp volunteers have agreed to provide services to clients as agency volunteers and therefore have an obligation to maintain client privacy.

Signing the enclosed confidentiality form provides the Eastern Nebraska Office on Aging satisfactory assurance that as an agency volunteer you will appropriately safeguard the client information shared with you in any form - spoken, written or electronic. This means you are not to share any information pertaining to a client's medical condition or health information without permission from the SeniorHelp program staff. Names, addresses, phone numbers, or any other identifying information about our clients should not be shared with **anyone** other than SeniorHelp or other specifically designated agency staff or persons.

The HIPAA law requires this accountability to preserve and respect the privacy of the clients we serve. Failure to comply with the confidentiality agreement will result in termination from our program.

**VOLUNTEER SIGNATURE** \_\_\_\_\_  
(I have read and understand this explanation)

**PLEASE PRINT NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PROGRAM COORDINATOR** \_\_\_\_\_

**DATE** \_\_\_\_\_



Eastern Nebraska Office on Aging

**TRANSPORTATION VOLUNTEER AGREEMENT**

I, \_\_\_\_\_, a participant in the SeniorHelp program sponsored by Eastern Nebraska Office on Aging, agree to use my personal automobile in my performance as a transportation volunteer. I certify that I am a licensed driver in the State of Nebraska and currently have the required automobile liability insurance in effect and understand that I must keep in effect automobile liability insurance equal to the minimum limits required by the State of Nebraska.

NEBRASKA DRIVERS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_

Signed by: \_\_\_\_\_

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



Eastern Nebraska Office on Aging

# VOLUNTEER OPPORTUNITIES

*I am willing to help with:  
(please check all interests)*

- Companion/Personal Visitor (Nursing Home, Hospital, Residence)
- Escort/Transportation (Local)
- Holiday Gift Delivery (done in December)
- Home Maintenance/Handy man (Please list specific skills inside application)
- Household/Personal Assistance
- Interpretation (Spoken or Sign language)
- Lawn Mowing
- Moving Assistance
- One-time Clean-ups
- Painting
- SeniorHelp/ENOA Office Assistance
- Snow Removal
- Student/Service Learning Project  
Name of School \_\_\_\_\_
- Telephone Reassurance (Make daily call to check on individual at risk)
- Telephone Visitor
- Yard Care
- Meals on Wheels Delivery (meals are delivered M-F between 10:30 & 1:00)

**Volunteer's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

