



STUDENT HEALTH CAREERS PROGRAM SUMMER 2011



A National Lutheran Community

The Village at Rockville is recruiting rising Junior and Senior High School students as well as College Freshmen interested in pursuing careers in healthcare. Interested persons can fax (301-424-9574) to the attention of the Volunteer Office. Application deadline June 1, 2011. You be contacted for an interview.

Application Date:		
Name:		
Address:		
City:	State:	Zip Code:
Phone (Home and Cell):		Email:
Age:	School:	Grade:
Emergency Contact Person:		
Contact Address:		
Contact Phone:		Contact Relationship:
How did you hear about the volunteer program?		
Previous volunteer work experience, if yes, where and duties performed.		
Why are you interested in volunteering in this program and what do you hope to gain?		
How do you think this program will be beneficial to developing your future?		
Do you have experience working with seniors? If yes, please explain:		

The Village at Rockville

Student Volunteer Parental Consent Form

Parent/Guardian of _____

Parent Name _____

In order for a minor to volunteer with The Village at Rockville, we must receive your written consent. Please read and sign the attached form. We appreciate your child's interest and concern with making the Village at Rockville a nicer place.

I give permission for _____ to volunteer with the Village at Rockville. I understand that my daughter's or son's services are donated without contemplation of compensation of future services and given for humanitarian religious or charitable reasons.

We release the Home and Staff from any claim of liability for any damages, injury or illness resulting to the said minor, not occasional by any fault or neglect on the part of The Home, while participating in such volunteer activities.

We authorize the Emergency Room Physicians as our agents to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Activities on the medical staff of the hospital, whether such diagnosis or treatment is rendered by the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her judgment may deem advisable.

Parent/Guardian Signature _____

Date _____

The Village at Rockville Confidentiality Statement

All resident Protected Health Information (PHI, which includes resident medical and financial information), employee records, financial and operating data of The Village at Rockville, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any volunteer unless pertaining to his or her specific volunteer job requirements. Examples of inappropriate disclosures include:

- Volunteers discussing or revealing PHI or other confidential information to friends or family members, not designated as personal representatives.
- Volunteers discussing or revealing PHI or other confidential information to other volunteers without a legitimate need to know.
- The disclosure of a resident's presence in the office, hospital, or other medical facility, without the resident's consent, to an authorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information can subject each volunteer of The Village at Rockville to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, to misuse, theft, destruction, alteration, or sabotage of such information, is ground for immediate disciplinary action up to and including termination.

Volunteer Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge, is to be kept confidential. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I no longer a volunteer.

I am familiar with the guidelines in place at The Village at Rockville pertaining to the use and disclosure of resident PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of The Village at Rockville is made. I also understand that the unauthorized disclosure of resident PHI and other confidential or proprietary information of The Village at Rockville is grounds for immediate dismissal.

Signature of Volunteer

Date

Print Name