

APPLICATION TO VOLUNTEER FORM



Date: _____ I am a: New Applicant Returning Volunteer

APPLICANT INFORMATION

Full Name:	Telephone (Best):
Address:	
Email Address:	Year of Birth:

PURPOSE FOR VOLUNTEERING

I want to help in the community.

I am required to complete community service hours for immigration purposes.
What year will you be applying for Residency? _____

NOTE: For these purposes, you are required to sign a volunteer attendance sheet. The CICS can only account for your attendance as indicated on our registers.

I am required to complete community service hours for school.
Number of hours required _____ Deadline for completion _____

I am required to complete court ordered community service hours.
Number of hours required _____ Deadline for completion _____

VOLUNTEER WORK

Areas of interest:	Frequency:	Days Available:
<input type="checkbox"/> Office Administration	<input type="checkbox"/> Daily	<input type="checkbox"/> Sundays
<input type="checkbox"/> Running Errands	<input type="checkbox"/> Weekly	<input type="checkbox"/> Mondays
<input type="checkbox"/> Events	<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesdays
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Evening Events	<input type="checkbox"/> Wednesdays
<input type="checkbox"/> Information & Education	<input type="checkbox"/> Special Events	<input type="checkbox"/> Thursdays
<input type="checkbox"/> Patient Support	<input type="checkbox"/> Mornings (9am -12pm)	<input type="checkbox"/> Fridays
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Afternoons (12pm - 4pm)	<input type="checkbox"/> Saturdays
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

MISCELLANEOUS

I have the following skills which may be helpful to your organization:

Do you have a criminal record? Yes No

Have you been charged with a crime (save for traffic offences such as speeding tickets) in the Cayman Islands or elsewhere? Yes No

WAIVER OF LIABILITY

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of the Cayman Islands Cancer Society{The Society} and to follow their established guidelines and directions.
- 2) I agree to release and forever discharge and hold harmless The Society and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to The Society. I understand and acknowledge that this Release discharges The Society from any liability or claim that I may have against it with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to The Society or occurring while I am providing volunteer services.
- 3) I release my likeness, in photo and video image, or any media's use now or in the future. To revoke this release, I will provide my request in writing to The Society.

CONFIDENTIALITY AGREEMENT

Confidential information is defined as any information found in a patient's medical record, personal information, and work-related information (including salary information). All information relating to a patient's care, treatment, or condition constitutes confidential information. This confidentiality policy also encompasses any financial or technical information created or held by The Society or its personnel.

Employees and volunteers shall never discuss a patient's medical condition with any non-employee of The Society, friends, or family members. Confidential matters involving patients will not be discussed in areas where they might be overheard by other patients or other non-employees of The Society. Staff members are to take appropriate steps to ensure this confidentiality.

All salary information is confidential and may not be shared with others in The Society or with patients. Only authorised individuals may relay salary information to employees or non-employees.

Any unauthorised disclosure of confidential information by employees could render The Society liable for damages. Any employee or volunteer who violates the confidentiality of The Society's medical or employee-related information is subject to disciplinary action up to and including termination from employment.

Applicant to acknowledge:

- I have received a copy of, read, understand, and agree to uphold this written policy on matters of confidential information, financial information and trade secrets.
- I understand that in my daily job or volunteer duties, I will have free access to confidential CICS operations and any violation of confidentiality, in whole or in part, could result in disciplinary action up to and including termination and/or legal action.
- I recognize that this signed document of my agreement to uphold the provisions of this policy will be kept on file in my personnel file.

Signature: _____

Date: _____

DD/MM/YYYY

CICS Representative Witness name & signature: _____