



**FAMILY SERVICE LEAGUE  
VOLUNTEER PACKET CHECKLIST  
AGE 16 -17**

Applicant Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Note for Supervisor:

1. Complete attached packet and keep forms in order.
2. Complete all attached forms. All information must be completed and submitted to Volunteer Services before applicant may begin volunteering.
3. Check boxes below, sign the checklist, and return it along with the packet to Volunteer Services at 790 Park Avenue, Huntington, NY 11743.

- Volunteer Application Part A
- Volunteer Application Part B - *Handout*
- FSL Code of Ethics – *Handout*
- FSL/HIPAA Confidentiality Agreement – *Handout*
- Code of Conduct for Custodians of people with special needs – *Handout*
- Publicity Release Form

I, \_\_\_\_\_, verify that the above information  
(supervisor's name)

is correct as of \_\_\_\_\_, and that required documentation is attached.  
(date)

\_\_\_\_\_ Received; Volunteer Services  
(date)

VOLUNTEER SERVICES APPLICATION  
FOR CANDIDATES AGES 16 - 17



**PART A – please print**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

SS# \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Have you ever volunteered for FSL?  yes  no If yes, give dates: \_\_\_\_\_

What days and times during the week are you available to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday  Morning  Afternoon

Do you have a specific area of interest or preference? \_\_\_\_\_  
\_\_\_\_\_

Do you have a specific reason or motivation for volunteering? \_\_\_\_\_  
\_\_\_\_\_

Do you have special skills, training, or talent? \_\_\_\_\_  
\_\_\_\_\_

*FSL does not discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation, or disability in admission or access to treatment, employment, or volunteerism in its programs and activities.*

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Program Assignment: \_\_\_\_\_ Program Supervisor: \_\_\_\_\_

Comments:

**PART B – please print**

**VOLUNTEER / MENTORING / EMPLOYMENT HISTORY**

Date(s) From - To	Volunteer Site / Employer	Position	May we contact for reference?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATIONAL BACKGROUND**

School Attended	Last Grade Completed	Best Subjects	Community / Special Projects

Have you ever been convicted of a criminal offense other than traffic violations?  Yes  No

If Yes:

Date, nature of offense, disposition: \_\_\_\_\_

*Note: A criminal record will not necessarily bar an applicant; it will be considered as it relates to the specifics of the volunteer position.*

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

**PARENT / GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_, age: \_\_\_\_\_, I give my permission for this child to volunteer with Family Service League.

I release Family Service League, its employees, volunteers, and other organizations associated with this volunteer service from any and all claims or liability. I further certify that all information provided on this volunteer application is true and complete to the best of my knowledge.

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

Dates of service (to be completed by FSL Staff): \_\_\_\_\_



## Family Service League

### **CODE OF ETHICS**

Family Service League is committed to ethical practices that are consistent with the mission, goals, and policies adopted by the Board of Directors;

- Provide the highest quality of services to the broadest possible range of individuals meeting admissions criteria of our programs;
- Adhere to the most stringent possible standards of compliance with all regulatory requirements of accountability in record keeping, protection of confidential information, billing, claims processing and other reporting activities;
- Ensure that all Agency-directed activities of children and families are consistent with sound treatment planning and do not represent personal gain for FSL's representatives (staff, volunteers, and board);
- Provide all services within the parameters of clearly defined contracts that are fully explained to all the parties at the point that service is initiated;
- Provide all services within the framework of informed consent; offer options for resolution of conflicts over recommendations; extend assistance in securing other services when conflicts cannot be resolved; undertake legal action when the best interests of the child are not being protected by parties with the power of consent;
- Offer only those special treatment procedures which can be clinically justified, which present minimal risk to children and other vulnerable persons, which are carefully monitored by qualified clinical practitioners, and which are subject to the standard of informed consent;
- Avoid conflict of interest in any agency-directed relationships and contractual agreements by maintaining a standard that these relationships and agreements are clearly defined, impartially conducted, and unencumbered by personal gain;
- Conduct all research activities within clearly established guidelines that promote protection from risk and require full informed-consent;
- Provide frameworks for the protection of the rights of staff and the rights of those who use the services of FSL;
- Require that all staff who are licensed clinical practitioners abide by the ethical/professional guidelines of their respective professions;
- Expect that all representatives of FSL will assume responsibility for identifying and reporting incidents of deviance from these standards without threat of reprisal.



## HIPAA CONFIDENTIALITY AGREEMENT

This Health Insurance Portability and Accountability Act (HIPAA) Agreement concerns the confidentiality of client information while using Family Service League, Inc. (FSL) data, hardware, software, electronic devices, and IT technology, including but not limited to:

- FSL computer systems whether accessed in-office or remotely;
- Mobile devices used for FSL business, whether FSL or staff owned;
- Client confidential data and/or personally identifiable health information (PHI);
- Electronic health record systems (EHR);
- Communication systems, including voice mail, desk or cell phones
- PHI accessed from work stations or other computers, laptops, tablets, and smartphones, as well as information in hard copy and expressed verbally.

1. The access, privileges and credentials (logons and passwords) issued to me are confidential and are for FSL work use only.
  - a. They are not to be shared with other staff, my supervisor, vendors, help desks or any other persons.
  - b. If my password is lost or compromised I will report it immediately to my supervisor and to the Help Desk by phone at 516-520-6463 or email [LCSService@LincolnIT.com](mailto:LCSService@LincolnIT.com)
  - c. I will not copy or cut and paste, print-screen, photo screens, or transmit any PHI or data unless it is expressly permitted as per HIPAA for treatment, billing and/or operations purposes.
2. I will not access or view any information other than what is required to do my job.
3. I will not share, divulge or disclose any PHI or confidential information unless such disclosure complies with FSL's policies and is required for the performance of my job.
4. I understand that all FSL systems and peripherals, including the EHR, continuously record each person's access and activity.
5. While using any FSL system, I will ensure that others (including family members and friends if logged on remotely) cannot view my screen or see client information.
6. I will log off the EHR System if I step away from my home/remote computer for any reason.
  - a. I will lock my computer at all times when I am not at my desk.
  - b. I will completely log off all systems at the end of my normal work day.

I fully understand that Federal HIPAA laws mandate me to protect and keep confidential protected health information (PHI) of persons served by me and/or FSL during and after my time volunteering at FSL.

I understand that failure to protect PHI will result in disciplinary action up to and possibly including termination of your volunteer position.

*I will retain a copy of this agreement. The original will be kept in my volunteer file.*



## CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

### Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted volunteers to help people with special needs “live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm,” in addition to the specific guidance provided by the agency’s policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters, and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

#### **1. Person-Centered Approach**

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, the right to assume risk in a safe manner, and recognizing each person’s potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual’s preferences and interests.

#### **2. Physical, Emotional and Personal Well-being**

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including the protection from abuse and neglect and reducing risk of harm to others and themselves.

#### **3. Respect, Dignity and Choice**

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor his or her choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

#### **4. Self-Determination**

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

#### **5. Relationships**

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

## **6. Advocacy**

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect human civil and legal rights.

## **7. Personal Health Information and Confidentiality**

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

## **8. Non-Discrimination**

I will not discriminate against people receiving services and supports, or colleagues, based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

## **9. Integrity, Responsibility and Professional Competency**

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

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<sup>1</sup>No aspect of this Code of Conduct is in any way intended to interfere abridge or infringe upon the rights provided by the *Taylor Law*.





**Family Service League  
Publicity Release Form**

Date \_\_\_\_\_

I hereby give permission to Family Service League to use, without compensation, my name and/or my child's name, image, video, photograph and/or other media public information I have provided, for use in the agency's public relations publicity, and/or fundraising efforts.

I realize that my photograph and/or description of my work on behalf of or with Family Service League may appear from time to time, in various newspapers, magazines, or other news media.

Signed \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

<p>For Office Use Only</p> <p>Event _____</p> <p>Witnessed by _____</p> <p>Identifier _____</p>
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