

EMERGENCY CONTACT

Name

Phone

REFERENCES:

Please list **TWO** names of persons not related to you whom you have known at least one year and include phone numbers and addresses.

Name

Phone

Address

Name

Phone

Address

PLEASE TELL US WHY YOU WANT TO BE A VOLUNTEER FOR DDRC?

HOW DID YOU HEAR ABOUT US?

PERMISSION TO RELEASE

Do we have your permission to use your name or picture in newsletter articles and media releases? **YES** **NO**

VOLUNTEER INSURANCE is provided for all volunteers. In the highly unlikely case of accidental death, benefits would go to your beneficiary. You may list this person if you like:

Beneficiary: _____

THANK YOU FOR COMPLETING THIS APPLICATION TO BECOME A VOLUNTEER
Mail/ FAX to: DDRC Volunteer Services, 11177 W. 8th Ave., Suite 300, Lakewood, CO 80215
(303) 462-6585 (303) 462-6589 Fax (303) 233-0103

VOLUNTEER CONFIDENTIALITY AGREEMENT

While volunteering, one may receive a certain amount of information about the person with whom they are working. This information is considered confidential.

The State of Colorado has strict regulations governing the disclosure of confidential information. In general, information about the person with whom you are working may not be released publicly by the agency or any representative of the agency (including volunteers), unless this person or his/her legal guardian gives written authorization.

Information, which is considered confidential, includes, but is not limited to, name, address, phone number and any information concerning the person's disability or the services they receive. Any information pertaining to the person's family is also considered confidential.

Developmental Disabilities Resource Center also complies with the Federal Regulations HIPPA (the Health Insurance Portability and Accountability Act) which specifically protects the DDRC consumer's health information.

If you have any questions, please call Volunteer Services (303-462-6585 or 303-462-6589.)

I, _____, have read the above statement
Print Name
and agree to maintain the confidentiality of those with whom I work.

Volunteer signature

Date _____