



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Planned Parenthood of Indiana and Kentucky (PPINK). The information you provide on this application will allow us to find the most appropriate and satisfying volunteer position for you within our organization.

- All information in this application is kept strictly confidential and used only for PPINK purposes.
- Please answer each question as completely as possible.
- Completion of this application does not guarantee acceptance or placement in the Planned Parenthood of Indiana and Kentucky volunteer program.

Why volunteer at Planned Parenthood?

- By becoming a volunteer or intern at PPINK you gain valuable experience and job-related skills. You expand your knowledge and understanding of issues facing Planned Parenthood clients and you learn about the public policy issues our organization faces. But most importantly, you help ensure the continuation of high quality, affordable and accessible reproductive health care for all.

As a volunteer at Planned Parenthood, what can you do?

- We offer a number of interesting and challenging assignments. There are both short-term and long-term assignments available throughout our agency, including education, development, public policy and administration.

As a volunteer at Planned Parenthood we ask you to:

- Support Planned Parenthood's mission, goals and policies.
- Strictly adhere to our confidentiality policy at all times.
- Check in with staff each time you have a question or concern.
- Make a minimum commitment to a specified term of service.
- Be reliable in your time commitment.
- Be responsible for carrying out your service assignment.
- Keep accurate record of your hours of service and report those hours monthly.

How do you get started?

- Learn all you can about Planned Parenthood of Indiana and Kentucky by browsing www.ppink.org to make sure PPINK is where you want to volunteer/intern.
- If you decide that PPINK is the agency for you, the first step is to fill out this application and return it to:
 - Fax: 317-637-4344
 - E-mail: interns.volunteers@ppink.org
 - Mail: Planned Parenthood of Indiana and Kentucky, P.O. Box 397, Indianapolis, IN 46206



Contact Information

Form with fields for First, Nickname, M, Last, Street Address, City, State, Zip, E-mail, E-mail 2, Home phone, Cell phone, and a section for preferred contact methods (E-mail, E-mail 2, Home phone, Cell phone).

Volunteer Interests

Form with sections for Education, Development / Fundraising, Public Policy, Misc., and Administrative office, each containing a list of checkboxes for various volunteer roles.

Location

Form with five columns for location availability, each containing a list of checkboxes for different time slots.

Availability – days and length of commitment

Form with columns for days of the week (Monday to Saturday) and checkboxes for availability options (On-call, Community service, Short-term, Standard).

Other comments regarding locations or availability:



Background – work, education, skills, personal, etc.

Current Work: Retired Student Unemployed
 Part-time (complete below) Full-time (complete below)

Company name/location:

Are you multi-lingual? Yes No Please list languages you speak:

Do you hold any licenses? (RN, LPN, NP, etc.) If so, please list:

Please list any special skills or experience:

Why are you interested in volunteering at PPINK?

Educational background – university, areas of study, degrees, etc.

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No

Do you know anyone who works for PPINK? Yes No
If yes, please list.

Please describe your feelings on:

Abortion:

Contraceptives for minors:

References – personal or professional

Name:

Email:

Phone:

Relationship:

Name:

Email:

Phone:

Relationship:

Emergency Contacts

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Confidentiality / Authorization / Signature

By signing this document :

- I acknowledge my volunteer position may expose me to confidential information and records. Under no circumstances can I reveal information except as may be required in the course of my work at PPINK or by law. PPINK will immediately terminate any volunteer who breaches confidentiality about patients, clients, internal financial and management matters, staff, donors or other volunteers. Unauthorized use or disclosure by me of any information constitutes a breach of promise of your volunteer commitment to PPINK and may subject you to court action by any interested party and/or to other sanctions by PPINK.
- I acknowledge that access to Planned Parenthood property, including information, is based solely for the purpose of furthering Planned Parenthood's goals. If my intent in obtaining access to Planned Parenthood property or information is for purposes other than to further Planned Parenthood goals, I will be considered to be trespassing and appropriate legal action will be taken.
- I attest that the information provided is, to the best of your knowledge, is true.
- I grant permission to PPINK to contact the references I have provided.

Signature:

Date:



Planned Parenthood of Indiana and Kentucky Confidentiality Policy (page 1 of 2)

This policy applies to current and former employees, volunteers and independent contractors of Planned Parenthood of Indiana and Kentucky (PPINK). All information obtained from or concerning the operations of PPINK and its patients or clients is considered to be confidential. It is the responsibility of each person to see that s/he respects confidentiality and to comply with all applicable laws regarding confidentiality.

1. Patient/Client Confidentiality

All employees, volunteers and independent contractors are required to comply with the policy on confidentiality and attest in writing to having read and agreed to the policy prior to working with any patient or client. Those who do not work directly with clients (e.g. administrative staff, board of directors, fundraisers, committee members, volunteers, independent contractors) will review the policy and attest to keeping the confidence at the time of their orientation to PPINK.

All current and former employees and volunteers shall make every effort to protect patients' confidentiality. Neither current nor former employees nor volunteers may divulge any information concerning a patient to outside sources without written permission of the patient. At no time is the name of a patient or client used unless it is necessary for the service being delivered to that person. Patients seen outside of a PPINK facility should not be spoken to unless they make the first initial contact.

All matters relating to services or counseling with an individual are to be treated with the utmost confidentiality. No one is authorized to disclose that an individual has been or is a patient with PPINK without the patient's express written consent or as required by law.

All information concerning the operation of PPINK, its patients or its clients is considered to be confidential.

The following are examples of a breach of confidentiality:

- Talking over a case verbally or via electronic pathways using the client's name or other personal information, except that such information may be used only to extent necessary to perform your job and as permitted by law.
- Mentioning, even in strictest confidence, to a close friend or family member or anyone else, the name of a patient or any information that could identify the patient.
- Using a patient's full name in a place where it can be overheard by others.
- Discussing confidential matters (e.g. type of treatment) with a patient where the conversation can be overheard.
- Using specific case histories, even without using names, to illustrate a story about Planned Parenthood to friends, family members, acquaintances, or at social gatherings.

This is not intended to be an exhaustive list.

It is not a breach of confidentiality or violation of HIPAA to transfer information if required by law to do so. PPINK will comply with any valid summons, subpoena, court order or law requiring the reporting of information. In addition to any other legally required transfer of information, PPINK will report all known or suspected cases of abuse or neglect of a child or endangered adult as required by Indiana law.



Planned Parenthood of Indiana and Kentucky Confidentiality Policy (page 2 of 2)

2. Confidentiality of Operations

In addition to maintaining the confidentiality of PPINK’s patients and clients at all times, information concerning the business operations or trade secrets of PPINK are confidential and should not be disclosed to any person (internal or external) except as necessary to perform the job function or as required by law.

The following are examples of confidential information:

- Board member information;
- Internal communications or correspondence regarding PPINK operations;
- Strategic or annual plan documents;
- Financial information;
- Compensation data;
- Computer programs, codes or computer processes;
- Donor or supporter information;
- Pending projects and proposals;
- Current and former employee and volunteer names, e-mail addresses, phone numbers, addresses and any other personal information; and
- Other PPINK information not known to the general public.

This is not intended to be an exhaustive list.

3. Consequences of Violation of Policy; Reporting Requirements

Breach of confidentiality may be grounds for disciplinary action up to and including termination. If the breach occurs after employment or volunteer status ceases, PPINK may take appropriate legal action. Failure to comply with applicable law may be grounds for disciplinary action up to and including termination and may result in criminal liability and penalties. Questions about a reporting obligation or disclosure of information should be directed to a supervisor, the vice president of finance and administration, or the vice president of patient services.

I have read the above Confidentiality Statement and agree to abide by all its requirements during and after my employment/volunteering with Planned Parenthood of Indiana and Kentucky.

Employee/Officer/Volunteer/Independent Contractor:

Signature

Printed Name

Date _____



(A signed copy will be retained in employee/volunteer/contractor's file)

Planned Parenthood of Indiana and Kentucky Privacy Statement

As an employee, officer, volunteer or individual who is part of the workforce of PPINK, you may have access to Health Information. To ensure that health information is used and disclosed in compliance with the HIPAA Privacy Regulation and our Privacy Policies and Procedures, you are required to read and sign this document. This statement, along with the Privacy Policies and Procedures, describe your duties and obligations with regard to Health Information. Full compliance with this PRIVACY STATEMENT and our Privacy Policies and Procedures are a condition of your employment/involvement with PPINK.

A. Restrictions on the Use and Disclosure of Health Information

As a general matter, an individual's Health Information may not be used or disclosed without the proper permission. The use of and disclosure of Health Information is subject to the restrictions in the HIPAA Privacy Regulation and or Privacy Policies and Procedures. The use or disclosure of Health Information may be limited by Business Associate contracts between PPINK and third parties. The Privacy Regulation requires these contracts. Please refer to our Privacy Policies and Procedures or ask the Privacy Official for further guidance.

B. Penalties and Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses Health Information. In addition to penalties and fines, any improper use or disclosure of Health Information may subject you to disciplinary action up to and including termination.

C. Certification of Understanding and Compliance

I hereby certify that I have carefully read and understand this Privacy Statement and the privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered. I agree to abide by all of the requirements and provisions set forth in this Statement and the Privacy Policies and Procedures.

Signature

Date

09/17

Office use only
VAN ID Number: _____



Planned Parenthood of Indiana and Kentucky

We Believe:

Sexuality is a natural, healthy, life-long part of being human.

Every individual has a right to pursue sexual health information and services without fear, shame, or exploitation. That right involves access to adequate, accurate, and age-appropriate information about sexuality, including the advantages and disadvantages of sexual expression.

All people, regardless of gender or sexual orientation, have rights that need to be respected and responsibilities that need to be exercised.

It is unacceptable to sexually pressure, force or exploit another person.

In a pluralistic society, we must respect diverse sexual attitudes and behaviors as long as they are based on ethics, responsibility, justice, equality and non-violence.

Information about becoming pregnant and about postponing, preventing, continuing or terminating a pregnancy should be easily available; the choice of whether or not to parent should be free and informed.

Every child deserves to be wanted, loved and cared for.

Abstaining from sexual intercourse is the most effective method of preventing pregnancy and sexually transmitted infections.

Young people explore their sexuality as part of a process of achieving sexual maturity; adolescents are capable of expressing their sexuality in healthy, responsible ways.

There are many healthy ways to express sexual feelings, alone or with a partner; sexual intercourse is only one form of sexual expression.

Uninformed or irresponsible sexual behavior poses risks.

Women, men, girls and boys benefit from fairness and flexibility in gender roles.

Individuals and society benefit when children are able to discuss sexuality and their parents and/or other trusted adults.

Individuals and society benefit when childbearing is postponed until maturity.

Please sign if you endorse these Planned Parenthood of Indiana statements of belief.

Signature

Date

09/17



Planned Parenthood of Indiana and Kentucky's Applicant Statement

Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing initialing beside each paragraph:

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including Planned Parenthood of Indiana and Kentucky and references, from liability for any injury or damage that may result from furnishing information concerning me or any action Planned Parenthood of Indiana and Kentucky takes on the basis of such information.

Signature

Date

09/17