

**ST. PATRICK'S RESIDENCE
SUMMER OF SERVICE VOLUNTEER PROGRAM**



 Applicant Information

Full Name: _____ Date of Birth: _____

Phone: _____ Email Address: _____

Address: _____

School: _____ Grade Level: _____

 Emergency Contact

Name: _____ Relationship: _____

Phone: _____

 Parent/Guardian Consent

My child has been granted permission to volunteer at St. Patrick's Residence.

Signature: _____ Date: _____

Preferred Activities

- | | | |
|--|---|--|
| <input type="checkbox"/> Games | <input type="checkbox"/> Garden Visits | <input type="checkbox"/> Educational Presentations |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Manicures | <input type="checkbox"/> Music (Singing/Instruments) |
| <input type="checkbox"/> Socials | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other _____ |

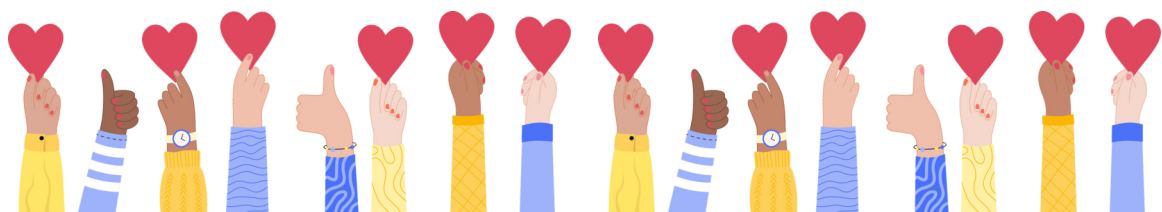
VOLUNTEER ACKNOWLEDGMENTS

I hereby commit to completing 20 service hours at St. Patrick's Residence. Upon successful fulfillment of these hours, I will be eligible to request a letter of service.

Signature: _____ Date: _____

I hereby declare that all the information provided in this application form is true, complete, and correct to the best of my knowledge and belief.

Signature: _____ Date: _____



HIPAA

The Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA, is a federal law in the United States aimed at safeguarding sensitive patient health information from unauthorized disclosure. It serves as a vital "privacy shield" for our residents.

I understand that as a Volunteer at St. Patrick's Residence I am obligated by federal HIPAA Privacy law and St. Patrick's Residence policy to protect resident privacy and all confidential information from unauthorized use and disclosure. I understand that even a resident's presence in the facility is confidential information under HIPAA. I understand that volunteers may be subject to civil and criminal fines and penalties for privacy breaches, the same as for a St. Patrick's Residence employee.

Signature: _____

Date: _____

CODE OF CONDUCT

- Treat all individuals with equal respect, tolerance, dignity, and understanding.
- Adhere to all applicable rules, regulations, and laws.
- Maintain a comprehensive understanding of our responsibilities and duties, both legally and morally, while avoiding any conflicts of interest or behaviors that may be perceived as questionable or offensive.
- Uphold the rights of all residents, including their privacy and confidentiality.
- Report any violations, or suspected violations, of legal or ethical standards to the Corporate Compliance Officer.
- Seek clarification or guidance if uncertain about any actions.

By affixing my signature, I affirm that I have read, understood, and will adhere to these codes.

Signature: _____

Date: _____

Email completed application form to Jill Whitledge - jwhitledge@stpatricksresidence.org



The Difference is Love

St. Patrick's Residence | 1400 Brookdale Rd. | Naperville, IL 60563
stpatricksresidence.org

Director of Life Enrichment: Jill Whitledge | 630.753.1528 | jwhitledge@stpatricksresidence.org