



Volunteer Application

Hemophilia of Georgia, Inc.
8800 Roswell Road, Suite 170
Atlanta, GA 30350
Phone: 770-518-8272 Fax: 770-518-3310
www.hog.org

Personal Information:

Name: _____ Date: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ I would like to receive HoG's monthly email newsletter

I am 18 years of age or older. (Certain programs require volunteers to be at least 18 years old. HoG may require proof of your age if you are chosen as a volunteer for these programs.)

Employer Information (if applicable):

Company: _____ Job Title: _____
Supervisor's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____

Availability (check box and list times available):

Anytime Days Evenings Weekends

Times/days that I am most available are: _____

Programs (check those of interest):

Family Camp Camp Wannaklot Other
 Golf Tournament Teen Programs _____

Volunteer Experience (starting with the most recent):

Organization	Position (if any)	Dates	Contact Person	Phone

List Three References (non relatives) that we may call:

Name: _____ Phone _____
Name: _____ Phone _____
Name: _____ Phone _____

Why are you interested in volunteering with HoG?

Describe any special skills, hobbies or interests

List any other affiliations (e.g. civic organizations or clubs)

List any current certifications (e.g. First Aid, CPR, etc.)

Certification

Expiration Date

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Have you ever been dismissed as a volunteer or been told by an organization that you can no longer be a volunteer? Yes No

If yes, please explain: _____

Have you ever been convicted/pled guilty/pled nolo contendere of a crime? Yes No

If yes, please explain: _____

Have you ever been the subject of an investigation involving sexual abuse, sexual assault or sexual misconduct? Yes No

If yes, please explain: _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain: _____

Other than the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

Yes No

Please explain: _____

If you become injured or ill while volunteering with HoG, please let us know who to contact.

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

“I hereby affirm that the information provided in this application is complete, true and correct to the best of my knowledge. I understand that any falsification of the information contained herein may serve as the basis for rejection of said application. I also give permission to Hemophilia of Georgia to check with all listed supervisors and references in order to validate the information given in this application.”

Volunteer Applicant’s Signature: _____ Date: _____

Volunteer Waiver

In consideration of being permitted to participate as a volunteer for Hemophilia of Georgia I waive all claims against Hemophilia of Georgia, Inc., their volunteers or any other parties contracted by them for services provided during this activity. I understand that I will be responsible for any damages, injuries, and/or illness that may occur to me during this activity.

My services to Hemophilia of Georgia, Inc. are on a voluntary basis and I am not entitled to nor shall I receive any compensation or employee benefits of any kind.

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, and/or by contacting any person or organization that may have information concerning me, and/or by conduction a criminal background check. I hereby release and hold harmless from liability any person or organization that provides information, I also agree to hold harmless Hemophilia of Georgia, Inc., the officers, employees and volunteers thereof.

Signature: _____ Date: _____

Volunteer Photo Waiver

I give Hemophilia of Georgia, Inc. permission to use photographs or other images of me/my child in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I give permission for my photographs to posted on Hemophilia of Georgia, Inc.’s website I further acknowledge that Hemophilia of Georgia, Inc. shall have all rights of copyright in and to such photographs and videotapes and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

Signature: _____ Date: _____

Volunteer Expectations and Responsibilities

Volunteers at HoG may be asked to participate in a variety of activities/events to support the various programs and services offered. Activities include, but are not limited to, physical activities such as biking, canoeing, horseback riding, ropes course, archery, tennis and swimming. Many programs are held outdoors and volunteers may be expected to participate in the event regardless of current weather conditions. All volunteers at HoG may be expected to lift and carry program supplies and materials up to 40 lbs. If you have any condition that might interfere with your ability to perform the tasks described above, please let us know.

Camp Wannaklot

Camp Wannaklot exists to offer a safe, positive camping experience for children with bleeding disorders. Just as our campers' parents trust us to keep their kids safe during camp, they also expect us to protect their privacy and keep them safe even after camp ends. Therefore, camp counselors should never post camper photos or identify campers by name on the Internet. This includes blogs, personal web pages, photo sharing sites such as SnapFish and Flickr, and social networking sites such as MySpace and FaceBook. In addition, volunteers should never become "friends" with campers on any social networking site.

Hit 'Em for Hemophilia Golf Tournament

In consideration of being permitted to participate for any purpose in the *Hit 'Em for Hemophilia* Golf Tournament, I waive all claims against Hemophilia of Georgia, Inc., The Atlanta Braves, Château Élan Winery and Resort, Hemophilia of Georgia's volunteers or any other parties contracted by them for services provided during this activity. I understand that I will be responsible for any damages, injuries, and/or illness that may occur to me during this activity.

Volunteers are liaisons between Hemophilia of Georgia and the public. Always be aware that you are a representative of Hemophilia of Georgia at this event and conduct yourself accordingly. You may be assigned to work in an area where celebrities are present. **NEVER** solicit autographs or personal photographs. Our players value their anonymity at the tournament.

Volunteers should never post photos or identify participants by name on the Internet. This includes blogs, personal web pages, photo sharing sites such as SnapFish and Flickr, and social networking sites such as MySpace and FaceBook.

I have read and understand this policy and agree to abide by it. Failure to abide by these expectations may result in termination of my volunteer service for Hemophilia of Georgia.

Signature: _____

Date: _____

HEMOPHILIA OF GEORGIA, INC.
Volunteer Confidentiality Agreement

Reasons for This Agreement. I understand that while I serve in the capacity of a volunteer to HEMOPHILIA OF GEORGIA, INC., (“the Corporation”), it has disclosed or will disclose or make available to me confidential information related to the Corporation’s business. I also understand that I may conceive of or produce such confidential information and copyrightable works. All such confidential information and works could be used by me to compete with the Corporation and could also be of great value to the Corporation’s competitors. I recognize that the Corporation’s confidential information contains highly personal and sensitive information, including the medical records and HIV status of patients and their families. I further recognize that the Corporation’s continuing ability to engage successfully in its business and provide blood products and comprehensive health care services to its patients and their families depends, in part, on maintenance of the confidentiality of its proprietary information and on the protection of rights in ideas, works and information of the Corporation.

Agreement. Accordingly, in consideration of my being accepted as a volunteer by or continuing in the capacity of a volunteer to the Corporation, I agree that:

1. Confidential Information. I will protect the Corporation’s confidential information and trade secrets. I will not use, except in connection with efforts on behalf of the Corporation, and will not disclose or give to others, during or subsequent to my serving in the capacity as a volunteer, any fact or information not generally available to the public concerning the Corporation’s business. Such business information includes patient names, addresses and medical data, blood product information, research and development, mailing lists, business plans, financial information and all other secret or confidential work, knowledge, know-how, trade secret or confidential business information. The information I will protect, however, does not include: (i) any information that is or shall become generally known in the trade through no fault of mine, (ii) any information received in good faith from a third party who has the right to disclose such information and who has not received such information either directly or indirectly from the Corporation, (iii) any information that I can demonstrate was within my legitimate possession prior to the time of my serving in the capacity as a volunteer to the Corporation, or (iv) any confidential business information which is not a trade secret five (5) years after termination of my status as a volunteer to the Corporation.

2. Special Rules for Health Information (HIPAA). In addition to the above, I understand that federal law (HIPAA) has special rules for health information and requires that all health information that may in any way identify an individual must be maintained confidentially. I will not at any time, either during or after serving as a volunteer to the Corporation, use, access, or disclose individually identifiable health information – whether in oral, written, or electronic form and regardless of the manner in which access was obtained – to any person or entity, internally within the Corporation or externally, except as required or permitted to perform my volunteer functions for the Corporation. I will not reveal to anyone a confidential access code (e.g., user ID, password, etc.) that may be assigned to me to access the Corporation’s information systems. I will notify the Corporation’s Privacy Officer (or Security Officer if electronic information is involved) if I become aware of or suspect any improper use, access, or disclosure of such health information by myself or any other person, and I understand that such notice in good faith will be held in confidence by the Corporation to the extent permitted by law and the Corporation’s policies and procedures. I understand that the unauthorized use, access, or disclosure of such health information may result in termination of my services, and I understand that HIPAA contains criminal provisions for knowingly misusing or disclosing individually identifiable health information. I understand that the obligations addressed in this Section 2 will survive the termination of my volunteer services and shall not be superseded by any other agreement unless specifically acknowledged by the Corporation and me.

3. Copyrights. All writings, tapes, recordings (audio or visual), computer programs and other works in any tangible medium of expression regardless of the form of medium, which have been or are prepared by me, to which I contribute, in connection with my serving in the capacity as a volunteer to the Corporation (collectively the “Works”) and all copyrights and other rights in and to the Works, belong solely, irrevocably and exclusively throughout the world to the Corporation as if they were works made for hire. However, to the extent any court or agency should conclude that the Works (or any of them) do not

constitute or qualify as a "work made for hire," I hereby assign, grant and deliver, solely, irrevocably, exclusively and throughout the world to the Corporation, all copyrights and other rights to the Works. I also agree to cooperate with the Corporation and to execute such other further grants and assignments of all rights as the Corporation from time to time reasonably may request for the purpose of evidencing, enforcing, registering or defending its ownership of the Works and the copyrights in them, and I hereby irrevocably constitute and appoint the Corporation as my agent and attorney-in-fact, with full power of substitution, in my name and stead, to execute and deliver any and all such assignments or other instruments which I shall fail or refuse promptly to execute and deliver, this power and agency being coupled with an interest and being irrevocable. Without limiting the preceding provisions of this paragraph, I agree that the Corporation may edit and otherwise modify, and use, publish and otherwise exploit, the Works in all media and in such manner as the Corporation, in its discretion, may determine.

4. Return of Materials. Upon termination of my status as a volunteer for any reason or at any time at the Corporation's request, I shall deliver to the Corporation all of its patient lists and information, papers, materials, documents, plans, computer printouts, records, drawings and software and all copies thereof which may be in my possession or under my control.

5. Miscellaneous. If any term of this Agreement shall be found to be illegal, invalid or unenforceable by a court of competent jurisdiction, it is the intention of the parties that the remaining terms shall constitute their agreement with respect to the subject matter hereof, and all such remaining terms shall remain in full force and effect. This Agreement shall inure to the benefit of the Corporation and its successors, assignees, and designees and shall be binding upon me and my heirs, executors, administrators and personal representatives. This Agreement shall be governed by and construed under the laws of the State of Georgia. This Agreement constitutes the entire agreement between the Corporation and me with respect to the subject matter hereof and shall not be modified, amended or terminated except by another agreement in writing executed by the parties hereto.

This Agreement is signed under seal as of this _____ day _____, 20____.

Volunteer:

Signature: _____ (L.S.)

Printed Name: _____

Witness: _____

For HoG's use only:

HEMOPHILIA OF GEORGIA, INC.

By: _____

Title: _____

(CORPORATE SEAL)

**Hemophilia of Georgia, Inc.
Background Investigation Consent**

Hemophilia of Georgia, Inc. certifies that all reports, whether oral or written, will be kept confidential on a need-to-know basis and, except as required by law, information will only be revealed to the applicant or person whose duty requires him or her to participate in the decision for the transaction for which the report was ordered. Hemophilia of Georgia, Inc. further certifies that the purpose of the investigation is limited in scope and information received will be used for the sole purpose of making determination regarding the qualifications of the individual to serve as a volunteer.

I, _____, hereby authorize Hemophilia of Georgia, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for volunteering with Hemophilia of Georgia.

I release Hemophilia of Georgia, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name Printed

Maiden Name or Other Name Used

Present Address

How Long?

City/State

Zip

Former Address

How Long?

City/State

Zip

Date of Birth (mm/dd/yyyy)

Social Security Number

Race

Signature

Date

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or volunteer service. Hemophilia of Georgia, Inc. is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, political affiliation, or any other non-job characteristic.

Under the Fair Credit Reporting Act (FCRA), you are entitled to "A Summary of Your Rights." HoG does not conduct credit checks, but criminal background checks are part of the FCRA. A copy of "A Summary of Your Rights" is attached to this volunteer application packet. You may also obtain a copy of the summary at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>

**Volunteer Applicants – Please retain this page for your records.
Do not return with the application packet.**

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud; C you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a tollfree phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1- 888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051