



# Volunteer Application

**Hemophilia of Georgia, Inc.**  
8607 Roberts Drive, Suite 150  
Sandy Springs, GA 30350-2237  
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**

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

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**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:** \_\_\_\_\_

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

**If yes, please explain:** \_\_\_\_\_

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

**If yes, please explain:** \_\_\_\_\_

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

**If yes, please explain:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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***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: \_\_\_\_\_

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## **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 conducting 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: \_\_\_\_\_

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## **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 be 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 Facebook, Instagram, or Twitter. 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, host facility(ies), 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 Facebook, Instagram or Twitter.

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 (including the Health Insurance Portability and Accountability Act (“HIPAA”)) has special rules for protected 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 comply with all of the Corporation’s HIPAA policies and procedures. 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 individually identifiable 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, among other potential consequences, 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: \_\_\_\_\_

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**For HoG's use only:**

**HEMOPHILIA OF GEORGIA, INC.**

By: \_\_\_\_\_

Title: \_\_\_\_\_

(CORPORATE SEAL)