



**Volunteer Ride-Along
Shawnee Mission East Senior Service Day 10/16**

Name _____

Address: _____

Telephone Number _____

Email _____

***Your email address will not be shared in any way other than to contact you for the purposes of this volunteer program*

Organization: **Shawnee Mission East**

Emergency Contact Information

Name _____ Telephone _____

Media Release

The HS Volunteer Services Program normally takes photographs of our programs. During Volunteer activities, a photograph may be taken of you. Unless you request otherwise, your initials below will be considered permission for HS to photograph your image for use in any publication or promotional materials, in any medium known or developed in the future without restrictions.

Signature

Date

Please initial

___ I understand as a Human Services volunteer I will not enter a client's home, unless a background check has been run and I am assigned to go into a client's home. Meals are to be handed to clients at the door, even though a client asks me to place the meal inside.

___ I understand as a Meals on Wheels volunteer with a "Knock and Enter" assignment on a route sheet, I may enter the home only far enough to place the meal on a table. I will not go into other parts of the client's home, even if a client asks me to.

Code of Ethics

You are donating your services without expectation of compensation or future employment.

Standards of conduct expected of the person who acts for or on behalf of public in performance of all governmental duties and responsibilities.

Do not accept gifts, tips or gratuities.

Do not solicit your business to clients.

Do not discriminate, on any basis.

Do not seek confidential information.

Do not conduct a client interview.

Confidentiality – It's your duty as a volunteer to protect client confidential information

Confidential information may include a client's mental health, financial information, information from a client's record, information from past, present or future.

Do not share client confidential information except 1. In an emergency 2. A client is suspected of being a victim of abuse and 3. Court orders

Do not acknowledge a person being a HS client, without client permission.

Discuss and share information only with authorized personnel. Make sure no one can overhear conversation.

HIPAA – Health and Insurance Portability and Accountability Act of 1996

Protected Health Information – PHI – HIPAA term for individually identifiable health information

Any unique information that could identify a client

- Name and address
- Social Security number
- Financial, demographic or lifestyle information
- Information can be in any format – paper, electronic, verbal

Confidential information is not to be shared with anyone-except authorized personnel.

Be discreet when sharing a client story – use only generic information!

Harassment- Unwelcome conduct that may affect the term/condition of volunteering

It's the County's responsibility to ensure freedom from harassment, intimidation, violence or other disruptive behavior.

Possible forms of harassment, include, but not limited to: race, color, national origin or ancestry, sex or gender, age, religion or creed, disability, pregnancy, military status, political affiliation or belief.

Inappropriate behavior is prohibited at any time a volunteer represents his/herself as HS volunteer.

Thank you for participating in the Johnson County Area Agency on Aging Meals on Wheels ride-along. We hope you enjoy your ride-along experience and spread the word about our needs for community volunteers. – Katie Baker Katie.baker@jocogov.org or 913-715-8895