



Volunteer Application

Personal Information:

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Would you like to receive BDASC's monthly newsletter? _____

D.O.B. if Under 18: _____ Parent/Guardian's Name: _____

Employer Information (if applicable):

Company: _____ Job Title: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Availability:

____ Anytime ____ Days ____ Evenings ____ Weekends

Times/days that I am most available are: _____

Programs (check those of interest):

____ HELLO conference ____ Family Camp ____ Teen Camp ____ Holiday / Winter Party

____ STEP For Bleeding Disorders (Walk) ____ Par for the Clot ____ State Annual Meeting

Volunteer Experience:

Organization	Position	Dates	Contact Person	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Why are you interested in volunteering with the Bleeding Disorders Association of South Carolina?

Describe any special skills, hobbies, or interests that may tie into your volunteer work here at BDASC:

List any other affiliations you have experience with: (e.g. civic organizations or clubs):

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

Have you ever been dismissed as a volunteer or 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 circumstance 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 BDASC, please let us know who to contact.

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Volunteer Waiver

In consideration of being permitted to participate as a volunteer for the Bleeding Disorders Association of South Carolina, I waive all claims against the Bleeding Disorders Association of South Carolina, 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 the Bleeding Disorders Association of South Carolina 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 Bleeding Disorders Association of South Carolina, the officers, employees, and volunteers thereof.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Volunteer Photo Waiver

I give Bleeding Disorders Association of South Carolina 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 the Bleeding Disorders Association of South Carolina website. I further acknowledge that the Bleeding Disorders Association of South Carolina shall have all rights of copyright in and 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: _____

Guardian Signature: _____ Date: _____

Volunteer Expectations and Responsibilities

Volunteers at the Bleeding Disorders Association of South Carolina may be asked to participate in a variety of activities/events to support the various programs and services offered. Activities may include some physical activities and volunteers may be expected to lift and carry program supplies and materials up to 30 lbs. If you have any condition that might interfere with your ability to perform such tasks, please let us know.

Volunteers are liaisons between Bleeding Disorders Association of South Carolina and the public. Always be aware that you are a representative of our organization at events and conduct yourself accordingly.

Volunteers should never post photos or identify participants by name on the Internet. This includes, but is not limited to, blogs, personal web pages, photo sharing sites such as Instagram and Flickr, and social networking sites such as Tic Tok, Facebook and others.

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 of the Bleeding Disorders Association of South Carolina.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Bleeding Disorders Association of South Carolina
Volunteer Confidentiality Agreement

Reasons for This Agreement: I understand that while I serve in the capacity of a volunteer to the Bleeding Disorders Association of South Carolina, (“the Organization”), it may disclose or make available to me confidential information related to the organization’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 Organization’s competitors. I recognize that the Organization’s confidential information contains highly personal and sensitive information, including possible personal medical information. I further recognize that the Organization’s continuing ability to engage successfully in its business 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 exclusive to the Organization.

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 Organization’s confidential information and trade secrets. I will not use, except in connection with efforts on behalf of the Organization, 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 Organization’s business. Such business information includes patient names, addresses and medical data, research and development, mailing lists, business plans, financial information, and all other confidential work, knowledge, know-how, 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 Organization, (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 Organization, or (iv) any confidential business information which is not a trade secret.

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 Organization, 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 Organization or externally, except as required or permitted to perform my volunteer functions for the Organization. I will comply with all of the Organization’s HIPAA policies and procedures. I will notify the Organization 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 Organization to the extent permitted by law. 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 Organization 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 Organization (collectively the “Works”) and all copyrights and other rights in and to the Works, belong solely, irrevocably and exclusively throughout the world to the Organization 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 Organization, all copyrights and other rights to the Works. I also agree to cooperate with the Organization and to execute such other further grants and assignments of all rights as the Organization 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 Organization 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 Organization may edit and otherwise modify, and use, publish and otherwise exploit, the Works in all media and in such manner as the Organization, 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 Organization’s request, I shall deliver to the Organization 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 Organization 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 South Carolina. This Agreement constitutes the entire agreement between the Organization 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: _____ (Date)

Volunteer:

Signature: _____

Printed Name: _____

Witness: _____

Guardian (for volunteers under 18):

Guardian Signature: _____

Printed Name: _____

Name of Volunteer: _____

Witness: _____

For BDASC’s Use Only:

Form accepted by: _____ (Employee Name)

Title: _____

Date: _____