



VOLUNTEER APPLICATION

Thank you for your interest in being a volunteer with Mending Minds Village. Please fill out the information contained in this packet, and we will contact you to go over it and answer any questions that you have at that time.

Full name: _____

DOB: _____ **Social Security Number:** _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ **Type:** CELL HOME WORK

Program you would like to volunteer with (May do both, please circle):

SUICIDE PREVENTION MENTAL HEALTH

Do you have any criminal history? (Tickets, Misdemeanors, Felonies): YES NO

IF Yes, Please explain:

Because we work with juveniles, we need to run a criminal background check. Do you give us the permission to request your background history from the State of Utah? YES NO

Do you have any experience volunteering? YES NO

Please explain:

Print Name

Signature

We will get back to you within 48 to 72 hours with any questions. We will conduct a background check once this form has been received, and will let you know the results once we have the report. Thank you!



CONFIDENTIALITY AGREEMENT

MENDING MINDS VILLAGE

The nature of **Mending Minds Village** routinely involves handling a large volume of highly confidential medical and protected case information. In addition to potentially violating federal and state laws governing confidential personal health information, improper disclosure of confidential information could cause great damage to **Mending Minds Village**, its partners, and its clients. You must remain constantly aware of the need to preserve confidentiality when using, storing, discussing, transmitting, or otherwise handling client information. Your obligation to protect confidential information disclosed to you in your work extends to conversations and other communications outside of work, including the use of social media, email, and texting, and survives the termination of your employment/volunteership.

I have read and understand the above and agree not to disclose and/or use any information obtained through my employment/volunteership at **Mending Minds Village** for any purposes outside of the scope of employment/volunteership (permanent or temporary). I further state that I have been trained on the application of the confidentiality provisions of the Health and Insurance Portability and Accountability Act (HIPAA) to my job and will adhere to those provisions during the course of my work with **Mending Minds Village** and thereafter.

Employee

Date

Print Name

Witness/Board Member



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

As **Mending Minds Village (organization)** often works with children in an advocacy capacity, I hereby authorize the organization to perform a background check on my criminal history for the past **7 years** with the information contained in my Application to Volunteer. I understand that any information found on my criminal history search may contain criminal charges, sex offender registry search, employment history reports (as applicable), and education reports.

I understand that the information contained in this report may be used to determine my ability to perform volunteer duties with **Mending Minds Village**, and that supplying false or misleading information on this application may result in my being denied volunteer opportunities going forward. I release **Mending Minds Village**, its employees, volunteers, agents, board members, executives, and/or other entities from any and all liability arising out of the use of the information contained in this application or reports obtained by this search.

I understand that if any adverse action is taken based on the results contained in my background check, I will be provided with a copy of the report and a summary of my rights under the Fair Credit Reporting Act.

By my signature below, I acknowledge that I have read and understand the terms of this authorization, and that I voluntarily consent to the background check process.

Signature

Date

Printed Name