



PO Box 1272, Rochester, NH 03866 ~ Phone: (603) 841-5353 ~ Fax: (603) 841-5585

Instructions for Volunteer Paperwork

1. Hope on Haven Hill Volunteer Paperwork Packet forms are to be completed. These forms include:
 - Volunteer Application
 - Volunteer Confidentiality Nondisclosure Agreement Form
 - Volunteer Waiver, Release and Indemnity Form
 - BEAS State Registry Consent Form (Complete form and sign and date)
 - Criminal Records Release Authorization Form (this form will need to be notarized and a \$10.00 check attached made payable to "State of NH – Criminal Records")
 - Reduced Fee Request Form (Please write in your name as the volunteer)
2. Once you have completed the paperwork you can bring your criminal records release form to your bank to be notarized or to Hope on Haven Hill and have our notary sign it. **Make sure to wait until you are in front of the notary before signing or completing the criminal records release form.**
3. Once all forms are completed and notarized as needed, you will submit to Hope on Haven Hill along with the check payable to "State of NH – Criminal Records" for \$10.00 for the criminal records check.
4. To volunteer at Hope on Haven Hill we require everyone in our facility to complete a 2-Step TB Test or have the CDC TB Blood Test completed. This test can be performed by your primary care physician or you can go to ConvenientMD to have the test performed with them. You must provide your results to Hope on Haven Hill prior to volunteering.
5. For the safety of our volunteers, staff, and clients, we ask that all volunteers obtain an annual flu shot. We appreciate any medical documentation you can provide stating a recent flu shot has been administered.

6. Your paperwork can be mailed:

Hope on Haven Hill
Attention: Adelle Robinson
PO Box 1272
Rochester, NH 03866

Or you can deliver in person to our office Monday through Friday office hours 8:00 am to 4:00 pm
Hope on Haven Hill
158 Route 108 Suite D Somersworth, NH 03878

Once we have your paperwork Hope on Haven Hill will process and start all the background checks. Average wait time is typically one week. Once all documentation has been received an orientation and tour of the facilities will be scheduled at your convenience. Following the completion of a tour and orientation a minimum of TWO volunteer shifts must be spent shadowing one of our more experienced volunteers. At that point we would reach out to you with any other appropriate volunteer opportunities. If you have any questions, please feel free to call our volunteer coordinator Adelle Robinson at 603-841-5353 ex. 17 or email arobinson@hopeonhavenhill.org.

***Please note: All volunteers must be at least 18 years of age to be on site**



Volunteer Application

Application Date: _____

Name: _____

Email: _____

Address: _____

Phone Number: _____ **Cell Phone:** _____

Education

Please list your education: _____

Skills & Experience

Please list any special training, skills or hobbies: _____

Please describe your prior volunteer experience (include organization names and dates): _____

Why are you interested in volunteering for Hope on Haven Hill? What do you hope to gain from this experience?

What experiences have you had that may prepare you to work as a volunteer at Hope on Haven Hill?

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer.

Please check off all areas you may be interested in volunteering:

Fundraising _____ Office/Admin. _____ Childcare _____ Cooking _____
Hair/Nail _____ Life Skills Training _____ Physical Fitness _____ Spirituality _____
Art / Crafts _____ Celebration planning _____ Building Maintenance _____
Gardening / Landscaping _____ Other: _____

References

Please list three people who you know well and can attest to your character, skills, and dependability.

Name	Relationship to you	Length of relationship	Phone Number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for volunteer position. I understand that information contained in my application will be verified by Hope on Haven Hill. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position at Hope on Haven Hill or my termination as a volunteer.

Signature: _____ **Date:** _____



Hope on Haven Hill
Volunteer Waiver, Release and Indemnity

Name of Volunteer (please print): _____

Address: _____ **Phone:** _____

Volunteer Activity: _____

Location of Volunteer Activity (please select):

_____ 326 Rochester Hill Road (Rochester)

_____ 38 Charles Street (Rochester)

_____ 158 Route 108 (Somersworth)

I, the undersigned volunteer, desire and agree to volunteer for Hope on Haven Hill (HHH) in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of HHH, and HHH will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risk of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that HHH is not responsible for conditions that I create myself or those created by other volunteer participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify HHH, its officers, officials, employees, agents and volunteers, from and against any and all loss, damages, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by negligence of HHH or otherwise.

I have carefully read this release and understand and agree with all its terms and conditions.

Signature of Volunteer

Date



VOLUNTEERS CONFIDENTIALITY NONDISCLOSURE AGREEMENT

This Nondisclosure Agreement ("Agreement") is made and effective on this date: _____

As a volunteer/student at Hope on Haven Hill, you may have access to "Confidential Information". The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws and regulations, including HIPAA (Health Insurance Portability and Accountability Act) and 42CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records). The intent of these laws, regulations, standards and policies is to ensure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed. As a volunteer/student, you are required to conduct yourself in accordance with these regulations.

Your principal obligations in this area are explained below.

- You are required to read and to abide by these rules. Anyone who violates any of these rules risks termination of your position. In addition, violation of these rules may lead to civil and criminal penalties under HIPAA and potentially other legal action.
- I understand that Hope on Haven Hill may utilize numerous different ways to protect its clients and organizational information, this includes maintaining a locked facility and using video monitoring of the premises. Security cameras may be installed in situations and places where the security of either people or property would be enhanced. HHH senior leadership shall monitor the use of security cameras at HHH facilities, and to ensure camera use adheres to all local, state, and federal laws, rules and regulations.
- As a volunteer/student, you may have access to confidential information, which includes, but is not limited to, information relating to:
 - Medical record information: includes all resident information, conversations, demographic information and financial information.
 - Protected Health Information (PHI) for residents as defined by HIPAA includes, but is not limited to, names, telephone numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, vehicle identifiers, and any other unique identifying number, characteristic, or code.
 - Employee information: social security number, employment records, and disciplinary actions.
 - Agency information: financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, staff communication, computer programs, and clinical programming information.

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

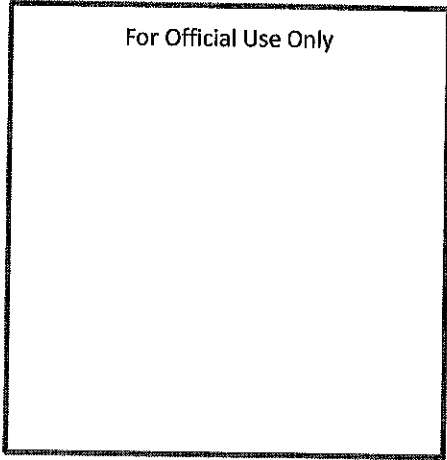
BEAS STATE REGISTRY CONSENT FORM

(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: *(This portion must be filled out in order to be processed.)*

Employer name: Hope on Haven Hill
Mailing address: PO Box 1272
City/State/Zip: Rochester NH 03866
Telephone: 603-841-5353
Fax: 603-841-5585
Attention: Adelle



Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: _____ First name: _____ Middle Initial: _____
Mailing address: _____ City/State/Zip: _____
Telephone _____ Gender: Female Male

Also known by the following names (Maiden name, etc.):

Last name: _____ First name: _____ Middle Initial: _____
Last name: _____ First name: _____ Middle Initial: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Social Security #: _____
(Required) (Optional)

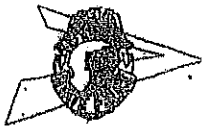
Position: _____ Select one: Applying Current Position
 Employee Consultant Volunteer Other: _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: _____ Date: _____
Witness Signature: _____ Date: _____
(Required)

Fax to: (603) 271-6875 or Email: BEASStateRegistry@dhhs.nh.gov
or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F: 49.**



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 109-B:14 and Administrative Rule Saf-C 6700 authorize the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden * _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____
Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other Volunteer

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record Hope on Haven Hill
Address PO Box 1272 City Rochester State NH Zip 03866

Your Signature _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) Date _____

RECORD CHALLENGE

Saf-C 6703.12 Procedure for Challenging a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 641. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.
 Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

REDUCED FEE REQUEST FORM

SECTION 5703.07 Fee Exemption of the *Rules and Regulations for the Operation of the Central Repository*: (d) Volunteers for public or private not-for-profit agencies that provide services to the elderly, the disabled or children shall be charged \$10.00 for each criminal record check requested.

PLEASE PRINT OR TYPE CLEARLY

NAME Hope On Haven Hill, Inc.
ORGANIZATION OR AGENCY

ADDRESS 361 Route 108 Somersworth, NH 03878
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER 603-841-5353 FAX NUMBER 603-841-5585

IS AGENCY OR ORGANIZATION NON-PROFIT? YES X NO

IS THE REQUESTED PERSON(S) A VOLUNTEER? YES X NO

WILL THE SERVICES BE TO THE ELDERLY, THE
DISABLED, OR CHILDREN? YES X NO

The Identity of the volunteer for whom this reduced fee is requested:

NAME OF VOLUNTEER (please print)

who will be working with:

- Elderly
 Disabled
 Children

THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Authorized Signature _____ Date _____
FOR THE AGENCY OR ORGANIZATION

Signed under penalty of unsworn falsification pursuant to RSA 641:3

NOTE: This form *must* be accompanied by a completed Criminal Record Release Authorization Form.

Effective 1/01/2009