

Please choose the Center where you would like to volunteer:

- Lansdale Center Souderton Center Schwenckfeld Manor

The area you prefer if any:

- the office
 the activity department
 the kitchen

I am available for the following hours: _____

- one day a week
 one day every other week
 one day a month
 as needed

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As a volunteer with the North Penn Visiting Nurse Association, I am aware that any information concerning the individual clients being served is to be held in strict confidence. This confidentiality is now strictly regulated by the law known as HIPAA. As a volunteer, I understand that the North Penn Visiting Nurse Association, a charitable non-profit organization, cannot undertake financial responsibility for me for any accident in which I am involved while engaged in my volunteer duties. Therefore, I hereby release the North Penn Nursing Association, and any of their successors, from any liability for injuries I may incur in the performance of my volunteer duties for the North Penn Visiting Nurse Association.

 Signature

 Date

FOR OFFICE USE ONLY:	Start Date:	Anticipated length of commitment (if known):	Primary Center:	Assignment area:	Orientation & training date:	Last day:
					Staff providing orientation:	