



## Council on Aging VOLUNTEER ENROLLMENT FORM

DATE \_\_\_\_\_ SITE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PHYSICAL CHALLENGES:** \_\_\_\_\_

**SPECIAL SKILLS:** \_\_\_\_\_

***Screening/Qualifications/Training:** I understand that Fingerprinting and Background Screening may be required prior to my placement as a volunteer. Site will provide training for specific required tasks/skills. Days and hours of service are relative to assignment and volunteer availability. I understand that it is required to document my hours on the form provided. I also understand that if my volunteer position is as a Meals on Wheels volunteer driver I am required to accurately report mileage on the form provided.* \_\_\_\_\_

**PHOTO RELEASE:** I hereby give the Council On Aging of Volusia County my informed and written consent for the use of my photograph in newsletters, brochures or other media. I understand that my photograph or group photographs in which I appear may be used by the Council On Aging for an indefinite period of time unless this authorization is revoked in writing. If revoked, the above named agency shall not be required to recall any material currently in print. (Please Initial) ACCEPT: \_\_\_\_\_ DECLINE: \_\_\_\_\_

**Supplemental Insurance Information Required:**

BENEFICIARY \_\_\_\_\_ PHONE# \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_

Relationship \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**FOR MEALS ON WHEELS DRIVERS ONLY – PROOF OF LICENSE & INSURANCE REQUIRED**

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

AUTO INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

I understand that I am not an employee of COA and agree to serve without compensation. I further agree that if I use my personal automobile while volunteering, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

\_\_\_\_\_  
Signature: Supervising Site Coordinator

\_\_\_\_\_  
Signature: Volunteer

## **VOLUNTEER ASSIGNMENTS**

### **Dining Site**

\*Congregate Desk \_\_\_\_\_

Congregate (Kitchen) \_\_\_\_\_

\*Meals on Wheels Driver \_\_\_\_\_

### **Senior Center Activities**

Activity Leaders \_\_\_\_\_

Activity Assistants \_\_\_\_\_

Bingo Caller/Helper \_\_\_\_\_

Computer Instructors \_\_\_\_\_

Entertainment \_\_\_\_\_

\*Membership Coordinators \_\_\_\_\_

Greeters/Receptionists \_\_\_\_\_

\*Clerical/Office Assistants \_\_\_\_\_

\*Respite Program \_\_\_\_\_

\*NCBA \_\_\_\_\_

Special Events \_\_\_\_\_

***\*Fingerprinting and Background Screening are required prior to placement.***

***All other categories are Background Screened and Fingerprinted at management's discretion.***

HIPAA

Council on Aging of Volusia County

Notice of Privacy Practices

February 11, 2008

I hereby acknowledge that I have received and read the  
Notice of Privacy Practices.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

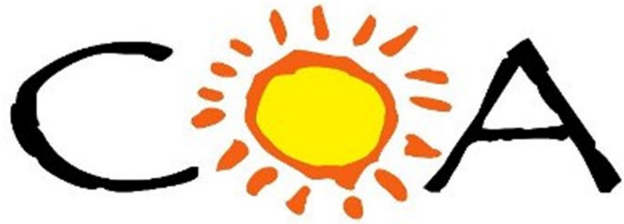
ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge  
that I have read and understand the contents  
within this Volunteer Handbook. I have been  
offered the opportunity to ask questions and  
my questions have been answered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please remove this sheet and give it to the dining site coordinator.



A NON-PROFIT SERVING VOLUSIA SENIORS



A NON-PROFIT SERVING VOLUSIA SENIORS



## **VOLUNTEER HANDBOOK**

### **COUNCIL ON AGING (COA) MISSION STATEMENT**

The mission of COA is to enrich the lives of our most vulnerable elderly citizens by providing needed services that allow them to remain safely in their own homes.



A NON-PROFIT SERVING VOLUSIA SENIORS

COA is a non-profit organization dedicated to providing critical services that empower Volusia County seniors to remain safely, comfortably and with dignity in their own homes.

**SERVICES INCLUDE:**

In Home Services (Light Homemaking, Personal Care, Companion Services, and Other Assistance)

Senior Activity Centers

Guardianship

Case Management

Respite Care

Meals on Wheels

Neighborhood Dining Sites



**FOR MORE INFORMATION CALL US AT**

**386-253-4700 x 225**

HIPAA

Council on Aging of Volusia County

Notice of Privacy Practices

February 11, 2008

I hereby acknowledge that I have received and read the  
Notice of Privacy Practices .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date (DD/MM/YY)



*Dear Volunteer,*

*Thank you for joining our team of dedicated volunteers here at COA. Because of you, nearly 400 of our most needy friends and neighbors will receive a hot meal five times a week. They will also receive the security and emotional reinforcement your physical presence provides. The value of that is immeasurable.*

*To fund Meals on Wheels, we rely on federal and state funds, fundraisers, churches and civic organizations, corporate support and private donations from individuals who care deeply about our community. But, YOU are the one who delivers the meals and allows our amazing clients to remain in their own home.*

*We hope that you will find this to be a personally enriching experience as you set about changing the lives of your clients. You are a critical part of COA's success and we thank you for your unselfish giving.*

*Warm regards,*

*Eveline Kraljic & Terri Karol  
Co-Executive Directors  
Council on Aging of Volusia County, Inc.*

**COUNCIL ON AGING  
OF VOLUSIA COUNTY, INC**

**Mailing Address**  
**420 Fentress Blvd.**  
**Daytona Beach, FL 32114**

**Website Address**  
**www.coavolusia.org**

**Phone Numbers**  
**East Volusia—386.253.4700**  
**SE Volusia (NSB)—386.423.5316**  
**West Volusia—386.736.7777**  
**Toll Free Number—888.252.6110**

**Manager, Nutrition & Recreation ext.208**

**Supervisor, Nutrition Dept. ext. 244**

**Meals on Wheels Scheduler ext.248**

**Volunteer Coordinator/Recruiter ext. 239**

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge  
Print name

that I have read and understand the contents  
within this Volunteer Handbook. I have been  
offered the opportunity to ask questions and  
my questions have been answered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please remove this sheet and give it to the din-  
ing site coordinator.

## NOTES

## COUNCIL ON AGING SITES

### **East Side Neighborhood Dining & Meal Delivery Sites**

#### **Holly Hill Dining Site**

1065 Daytona Avenue, Holly Hill, 32117  
386.236.2997

#### **Ormond Beach Dining Site**

351 Andrews Street, Ormond Beach, 32174  
386.677.1549

#### **Port Orange Dining Site**

4790 S Ridgewood Avenue, Port Orange, 32129  
386.788.8892

#### **New Smyrna Beach Dining Site**

2650 N Dixie Freeway, New Smyrna Beach, 32168  
386.410.5839

#### **Daytona Beach (Meal Delivery Only M-W-F)**

420 Fentress Blvd., Daytona Beach, FL 32114  
386.253.4700

### **West Side Dining & Meal Delivery Sites**

#### **DeLand Dining Site**

1101 East Plymouth Avenue, DeLand, 32724  
386.736.9706

#### **Deltona Dining Site**

1640 Dr. MLK Blvd., Deltona, 32725  
386.574.0060

#### **Orange City Dining Site**

259 W University Avenue, Orange City, 32763  
386.774.0001



## COUNCIL ON AGING SENIOR ACTIVITY CENTERS

### **Deltona Senior Center—The Center at Deltona**

1640 Dr. MLK Blvd., Deltona, 32725  
386.574.0060

### **New Smyrna Beach Senior Center**

2650 North Dixie Freeway, New Smyrna Beach, 32168  
386.410.5839

### **Ormond Beach Senior Center**

351 Andrews Street, Ormond Beach, 32174  
386.672.4146

### **Orange City Senior Center (WAVA Hall)**

200 North Holly Avenue, Orange City, 32763  
386.775.3121

## MEALS ON WHEELS (MOW) OVERVIEW

Meals on Wheels (MOW) are for homebound individuals over the age of 60. To receive MOW, the client must meet predetermined criteria. MOW is furnished in part through federal, state, and local dollars.

In addition, Council on Aging (COA) provides meals for individuals regardless of age—**these clients pay for the meals themselves or as a gift from a family member.** Recipients pay per meal and may order selective days from the MOW menu. **All monies derived from home ordered meals are used as part of our local funding for the MOW Program, thus allowing more low income seniors to receive a meal.**

Services other than meals are also available through COA—see additional information to better understand these programs.

## COA'S RESPONSIBILITY TO THE VOLUNTEER

- ◆ Provide orientation and badges for all new volunteers.
- ◆ A sign, "FREQUENT STOPS—DELIVERING MEALS ON WHEELS", for the volunteer's car is available.
- ◆ Prompt response and backup is given when a volunteer reports a problem or emergency situation.
- ◆ Provide qualified staff who are trained to assess and respond to the client's needs as may be reported by the volunteer.
- ◆ Hold annual volunteer recognition celebration at which time Council on Aging expresses its appreciation for work done by all volunteers.

## VOLUNTEERS GET THE DAY OFF TOO!

- ▶ New Year's Day
- ▶ Martin Luther King, Jr. Day
- ▶ President's Day
- ▶ Memorial Day
- ▶ Independence Day
- ▶ Labor Day
- ▶ Thanksgiving Day
- ▶ Day after Thanksgiving
- ▶ Christmas Day

## WHAT IS EXPECTED OF YOU AS A KITCHEN VOLUNTEER

Kitchen Volunteers are a vital part of the MOW and Dining Sites Team. Kitchen volunteers record their time in the Volunteer Sign-In-Log whenever they work.

Council on Aging is required to adhere to many food service laws of the State of Florida and federal regulations. Your assistance in the following areas is greatly appreciated:

- ◆ Gloves and hairnets must be worn at all times when handling food or utensils.
- ◆ Rubber soled, closed toe shoes must be worn in kitchen areas
- ◆ Hands must be washed according to established guidelines. The Site Coordinator will provide you with copies of hand-washing techniques. Food handlers must wash hands after restroom use.
- ◆ All serving utensils must be washed, rinsed and sanitized in bleach water.
- ◆ Cabinets, carts, drawers, storage areas, etc., must remain clean and free of food particle and build-up.
- ◆ Coffee area must remain clean and free of spills.
- ◆ Chairs should be clean and table tops sanitized daily.
- ◆ Food temperatures must remain at 41° or less for **cold** foods and 140° or greater for **hot** foods.
- ◆ Trash cans must remain covered, clean, free of spills and foul odors and placed well away from serving/food storage areas.
- ◆ Refrigerators and freezers must remain clean.
- ◆ Pans must be rinsed and free of food. Food provider will pick up pans daily for thorough cleaning and sanitizing.
- ◆ All left-over food must be disposed of after the meal.
- ◆ **Food cannot be removed from the site.**



## WHAT MAKES A GOOD VOLUNTEER?

Volunteers who participate in the MOW program must possess several qualities, the foremost being a strong desire to help the home-bound elderly of our community. Volunteers also need to have an optimistic outlook and a sense of humor because they never know what situation may be on the other side of the client's door. Patience and tactfulness also have their place on this list of attitude assets.

Volunteers must be **DEPENDABLE** -- the clients' hot lunches depend on you getting the meals there safely and efficiently.

Meals on Wheels volunteers are asked to adhere to Council on Aging standards of confidentiality, so please do not ask staff members to disclose information about a client on your route. We also ask that volunteers not reveal to others the names of MOW recipients. Each Volunteer **must** sign an Ethical Standards form.

**Any visits or calls to clients other than those specifically delegated as part of the MOW program are prohibited. Such unauthorized visits or calls may result in immediate dismissal as a COA volunteer.**

## WHAT IS EXPECTED OF YOU AS A MEALS ON WHEELS VOLUNTEER?

- ◆ Meals on Wheels volunteers are asked to commit themselves to delivering one route at least one day per week. Those volunteers willing to substitute are placed on the Substitute List and are contacted "as needed."
- ◆ Volunteers must be at the site to pick up the meals by 10:30 A.M. Meals cannot leave the site before 10:30 A.M. Delivery should be between 11:00 A.M. & 1:00 P.M.
- ◆ Volunteers are asked to initial the **Volunteer Sign-in Log** and record their time after completing their delivery. Please be as accurate as possible on the time and mileage for auditing purposes.

- ◆ You will receive new Route Sheets each time you deliver. Please check the new sheet for any changes in your route from the previous week. Count all meals and bags to ensure you have the appropriate number of meals. You may receive both white and brown bags. White bags are for diabetic meals and brown bags are regular meals. Which bag each MOW client should receive is also noted on your route sheet.
- ◆ Some clients are required to sign a “Signature Sheet” which is included with your route sheets. It’s important that the client signs or initials the sheet. On occasion, a caregiver or family member might need to sign.
- ◆ You must use the meal carriers provided by COA due to federal regulations. Meals **CANNOT BE LEFT IN A COOLER PROVIDED BY THE CLIENT**. Do not leave a meal on the doorstep if the client does not answer. If a client is not home, the meal can be left with a) a neighbor of the client, b) another client on your route, or c) returned to the site. Please note who received the extra meal on the route sheet.
- ◆ Once meals have been picked up by the volunteers, they must be delivered promptly to be in compliance with federal regulations. If you get lost or confused, stop and call **THE DINING SITE COORDINATOR** for directions.
- ◆ You are the eyes and ears of the Meals on Wheels program. If a client does not come to the door, or is not home and no previous arrangement has been made, please **NOTIFY THE DINING SITE COORDINATOR**. If the situation appears strange or unusual, do not wait to complete the route before notifying the staff. Call the dining site from your cell phone or another phone.
- ◆ It may be necessary to call **APS (Adult Protection Services (1-800-962-2873))**. Florida is a mandatory reporting state which by law requires you to report abuse, neglect and/or self-abuse. This cannot be third party reporting. In other words if you, the driver, see abuse, neglect and/or self abuse in a client’s home you must call APS. APS will then send someone out to check on the clients situation.
- ◆ Call **911 IMMEDIATELY**, then call the Site Coordinator, if the client has fallen or appears to need emergency assis-

- ◆ All advance meal cancellations **must** go through the Nutrition Department at 386.253.4700, ext. 248. Clients who give you information to cancel meals should be referred directly to the COA office.
- ◆ Upon completion of your route, review the sheet to confirm you have appropriately checked “delivered” or “not....”. You are asked to initial the Route Sheet as each meal is delivered. Please do not keep the route sheets – **TURN THEM IN TO THE SITE COORDINATOR in person. Do NOT email them or take them home.**
- ◆ There will be times when you are unable to deliver your route. Please let the Site Coordinator know as soon as possible so other arrangements can be made.
- ◆ **Volunteers are required to have vehicle insurance coverage that meets the state minimum.** Proof of current insurance must be provided to COA prior to beginning your volunteer service and kept up to date with renewal cards submitted every six months.

## MILEAGE

Mileage for a route is calculated from the dining site to the clients’ homes and back to the dining site.

Two options for mileage reporting are to sign an “In-kind voucher”, for MOW mileage. Donated mileage money is credited directly back to the MOW program through grant funding. Mileage reimbursement is also available via submission on paper. The Site Coordinator will provide you with both forms.

## SOME HELPFUL HINTS

To familiarize yourself with the routes and the clients, we encourage you to ride with another driver on a day arranged by the Site Coordinator.

Should you encounter car problems while delivering your route, call the Site Coordinator and we will do whatever we can to help.

Should you have an accident of any type, please seek treatment **immediately** at the nearest hospital or health facility; if you are unable to do so, contact the Site Coordinator as soon as possible.

Display the **MEALS ON WHEELS** sign (**FREQUENT STOPS!! Delivering Meals on Wheels**) in the window of your car (preferably back window), to let other drivers know that you are delivering meals.

**Dear Volunteer/Employee,**

**COA is proud to announce that we now offer Electronic Funds Transfer payment for mileage/expense reports. EFT payments are more convenient than traditional check payments as the amount is deposited directly into your bank account. EFT will also allow access to funds immediately. If you are interested in signing up for this service, please follow the steps below.**

- 1. Attach a voided check (no deposit slips please) to the body of this letter.**
- 2. Sign where indicated below giving us authorization to deposit into your account.**
- 3. Supply an email address where copies of the EFT payment details can be sent.**
- 4. Return this letter and voided check to us so that we may begin depositing payments directly into your bank account.**

**Should you have any questions or need additional information please contact Connie Polzin, 386.253.4700 ext 221 for additional information.**

**Sincerely,  
Council on Aging**

---

**I would like to enroll in EFT payment services offered by COA. I have attached a copy of a voided check, supplied an email address, and signed below to start the process.**

---

**Volunteer or Employee - Printed**

---

**E-mail Address – Please Print**

---

**Volunteer or Employee – Signature**

---

**Date**



## **Volunteer Ethical Standards for The Council on Aging of Volusia County, Inc.**

### **BACKGROUND**

The agency respects the right to privacy in a person's personal activities. Each volunteer must make individual decisions as to the propriety of his/her conduct.

It should be remembered that the greater degree of responsibility a volunteer has, the greater must be that individual's monitoring of their own personal activities.

### **POLICY**

All volunteers have, as a common goal, the enhancement of the agency's position in the community's spectrum of social services. To help achieve this goal, all volunteers will be conscious of their personal activities and the ultimate effect this may have on the agency's programs, status in the community and possible effect on funding sources. If in the judgement of the management of the agency, the activities of a volunteer begin to affect the agency, either externally or internally, action will be taken appropriate to the situation, which may include separation from the agency's volunteer department.

A volunteer shall not knowingly serve in any capacity that might constitute a conflict of interest or present the appearance of a conflict of interest between themselves and a client (or clients).

Any activities involving clients, which go beyond those specifically delegated as part of their volunteer duties, must be cleared with the Program Director, the Operations Director or the Executive Director. Examples of such activities include, but are not limited to:

1. Simultaneous employment by or ownership in another firm or agency if the other is a competitor or supplier to the Council on Aging or the client.
2. Serving as a personal representative (executor) of a client's estate.
3. Assuming guardianship of clients or durable power of attorney.
4. Assuming control of client's bank account.

5. Receiving checks or other funds for clients.
6. Steering clients to businesses, facilities or services in which the volunteer or a family member has a direct or indirect financial interest. This excludes publicly held firms whose stock is traded on the stock exchange.
7. Accepting substantial gifts, either cash or in-kind from any clients.
8. Making a sale to or purchase from a client.
9. Negotiating loans from or to a client.
10. Accepting bequests from an individual's will.
11. Engaging in any preferential business dealings with any client or involving any client.
12. No volunteer shall benefit monetarily, in a self-serving manner, from any commercial interest gained by association with the Council on Aging. On rare occasion, exceptions to this policy may be made by the Executive Director, in writing, to the volunteer requesting the exception.

## **CLIENT CONFIDENTIALITY**

Information concerning the client(s) is considered confidential and may only be discussed with appropriate staff members or agencies involved in the provision of services for the client(s). Divulging confidential information in any other fashion is grounds for dismissal.

I have read, understand and agree to abide by the Volunteer Ethical Standards of the Council on Aging of Volusia County, Inc.

I hereby give my consent to the Council on Aging to conduct a thorough criminal and driving record check at their discretion and that acceptance of my service as a volunteer will be dependent upon the satisfactory completion of that check. I further understand that delivering Meals on Wheels while under the influence of drugs or alcohol is strictly prohibited.

---

Signature

---

Date

---

Printed Name

04/04/2007N:\appswpdocs\RSVP\ Ethical Standards



Florida Department of Law Enforcement  
Criminal Justice Information Services  
(850) 410-8109



## Florida Criminal History Information Request

*Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes*

I am requesting Florida criminal history information on the following individual:

<b>Last Name*:</b>			<b>* Required Fields</b>  <b>NOTE: PLEASE INDICATE HISPANIC PERSONS AS EITHER WHITE OR BLACK BASED ON THEIR ACTUAL SKIN COLOR</b> *Race (pick one): W - White/Caucasian B - Black U - Unknown A- Asian/Pac. Islander I - Alaskan/Native American  <b>Optional Information:</b> Social Security Number Middle Name Other Names Used					
<small>Last Names should not include spaces (ex. De la Rosa, DelaRosa). Please use hyphens when applicable (ex. Jones-Smith)</small>								
<b>First Name*:</b>								
Middle Name:								
<b>Other Names Used:</b> Last, First, Middle (Please omit spaces and include hyphens when necessary)								
<table border="1"><tr><td>Last)</td><td>First)</td><td>Middle)</td></tr><tr><td>Last)</td><td>First)</td><td>Middle)</td></tr></table>				Last)	First)	Middle)	Last)	First)
Last)	First)	Middle)						
Last)	First)	Middle)						
<b>Race*:</b>	<b>Sex*:</b>	<b>Date of Birth*:</b>						
Social Security Number:								

***Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.***

In Accordance to the provisions of Chapter 119 Section 943.053, Florida Statutes, you are hereby informed that a Florida state criminal history report about you may be ordered and used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize Florida Department of Law Enforcement to obtain and release my personal state criminal history to Council on Aging of Volusia County for use in relation to my employment application or contractual agreement as required.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

## Council on Aging of Volusia County

---

PLEASE REVIEW THIS DOCUMENT CAREFULLY

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, volunteers, staff and other office personnel.

#### **1. YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

#### **A. HOW WE MAY DISCLOSE INFORMATION ABOUT YOU**

- (1.) For Treatment. We may use health information about you to provide you with medical treatment or services we may disclose health information about you to other personnel who are involved in taking care of you and your health.
- (2.) For Payment. We may use and disclose health information in order to bill and collect payment for health care services.
- (3.) Health Care Operations. We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
- (4.) Other Permitted Uses and Disclosures. There are a number of other specific ways that we may disclose health information about you without your permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required By Law; Research; Organ Tissue Donation; Military Veterans, National Security and Intelligence; Worker's Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner, Medical examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

#### **B. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

- (1) Right To inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer, Office, in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/ or copy in certain limited circumstances. If you are denied access to your health information, you may ask the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.



(2) Right To Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Office, Office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that a) we did not create, unless the person or entity that created the information is no longer available to make the amendment.

b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) Is accurate and complete.

(3) Rights to Accounting Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

(4) Rights to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

(5) We Are Not Required to Agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

## **2. CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

## **3. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written Authorization. We must obtain your authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records. You have the following rights regarding health information we maintain about you:

**Contact Information:** Privacy Officer, Council on Aging of Volusia County at 386-253-4700



## **PRIVACY POLICY ACKNOWLEDGEMENT FORM**

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

---

Employee/Contractor Name (Printed)

---

Employee/Contractor Signature

---

Date

## **FLORIDA DEPARTMENT OF LAW ENFORCEMENT**

### **NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE**

#### **NOTICE OF:**

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

**US Department of Justice**  
**Federal Bureau of Investigation**  
*Criminal Justice Information Services Division*



## **FBI PRIVACY ACT STATEMENT**

### **Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

### **Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

### **Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

### **Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

### **Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer



reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is





placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**



TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>







## Consent to Use Name, Voice, Likeness & Comments

I, \_\_\_\_\_, grant to Council on Aging of Volusia County, Inc. (COA) my consent to use my name, comments and/or image (together, the “Intellectual Property”) in printed, online or other media for purposes of informational and/or promotional communications associated with COA.

I agree that Council on Aging of Volusia County, Inc. may alter or edit the Intellectual Property as it deems appropriate. My consent is perpetual and unrestricted unless otherwise noted.

Comments:

---

---

---

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email

Client ☐ Volunteer ☐ Staff ☐ Other ☐ \_\_\_\_\_

DeLand ☐ Deltona ☐ Holly Hill ☐ NSB ☐ OC ☐ OB ☐ PO ☐

Other ☐ \_\_\_\_\_