

Volunteer Application

Personal Data

Date _____

Last Name _____ First Name _____ Middle Initial _____

Present Address _____ City _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email _____

Do you drive? Yes No Is car available? Yes No DL Number: _____

Expiration Date: _____

State where drivers license issued: _____

Have you ever been convicted of a crime other than traffic infractions? Yes No

Emergency Contact(s):

Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Affiliation to Motion Picture or Television Industry

Industry Member (please provide union/affiliation) _____

Friends, family or Significant other of MPTF
(please provide relation) _____

References

Name _____ Telephone _____

Name _____ Telephone _____

Applicant must be affiliated with the Motion Picture and/or Television industry as an employee or by marriage (husband or wife) or blood relationship (father, mother, son or daughter) to an employee or retired.

In Community:
Email rfeiger@mptvfund.org
Please fax to: 323.634.3868

Rebuilding Together/
Home Safe Home:
khall@mptvfund.org
Please fax to: 323.634.3868

Wasserman Campus:
(Woodland Hills)
sschubert@mptvfund.org
Please fax to: 818.876.1280

Volunteer Availability (Please check all that apply)

	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Morning							
Afternoon							
Evening							

Skills: Interests/Skills (check those that apply)

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Entertaining | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Photography | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Feeding | <input type="checkbox"/> Handyman Repairs | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computer Tutor | <input type="checkbox"/> Fitness Buddy | <input type="checkbox"/> Mailing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Painting | <input type="checkbox"/> Pool Buddy | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Gardening | <input type="checkbox"/> Phone Buddy | <input type="checkbox"/> Research | <input type="checkbox"/> Video Prod |

Which areas from above do you have prior experience with?

Are there any limitations that we should be aware of in helping you choose your volunteer involvement?

Other Relevant Experience?

Please note where you would like to volunteer:

- On The Wasserman Campus
- In Community
- Rebuilding Together/Home Safe Home
- Undecided call 323.634.3860

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CONFIDENTIALITY STATEMENT AND AGREEMENT

As a volunteer of Motion Picture & Television Fund, I am aware of my responsibility to protect confidentiality and agree to:

- ◆ Maintain strict confidentiality of all business related or patient/resident-related information in any form. Follow HIPAA practice standards and policies in protecting health information. I recognize the value of patient, financial, and business operations information, and the importance of maintaining confidentiality of that information to the success and well being of MPTF, its patients, residents, the Medical Staff, employees and volunteers. I understand that unauthorized disclosure, discussion or utilization of such information without a business necessity or for the benefit of anyone other than MPTF may result in the termination of my volunteer association with MPTF. I also fully understand and promise that should my volunteer association with MPTF end for any reason whatsoever, I will not disclose or utilize any information or knowledge that is not public information or otherwise generally available.

- ◆ All information relevant to reports of elder or dependent adult abuse may only be given to a supervisor/manager of MPTF, an investigator from an adult protective services agency, a local law enforcement agency, or the Bureau of Medi-Cal Fraud and Elder Abuse or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse. Any violation of the confidentiality required by law is a misdemeanor punishable by not more than six months in the county jail, by a fine of \$500.00, or by both. The identity of all persons who report under these provisions shall be confidential and disclosed only among adult protective agencies, local law enforcement agencies, the Bureau of Medi-Cal Fraud and Elder Abuse, and the Division of Investigation to counsel representing an adult protective services agency, Long-Term Care Ombudsman Program, licensing agency or a local law enforcement agency, by the Bureau to the District Attorney in a criminal prosecution, when persons reporting waive confidentiality, or by a court order. Additionally, no person reporting a known or suspected instance of elder or dependent adult abuse shall incur civil or criminal liability as a result of any report, unless it can be proven that a false report was made and the person knew the report was false.

- ◆ Respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with my work at MPTF, and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of MPTF related activities.

Date

Signature

Volunteer Name (please print): _____
