



Health Marketplace CAC Volunteer Registration Form

PART 1: Information

Name: _____ Today's Date: _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone: _____ E-mail: _____

Employer: _____

Current Position: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

How did you learn about this opportunity? _____

What language(s) do you speak (besides English)?

Language _____ ☐ Advanced ☐ Fluent

Language _____ ☐ Advanced ☐ Fluent

Language _____ ☐ Advanced ☐ Fluent

PART 2: Volunteer Availability & Commitment

ACA Open Enrollment is November 1, 2015 – January 31, 2016. Most Open Enrollment events are held on during the day on Saturdays and Sundays, with some week day opportunities.

You will be part of a volunteer pool made available to various partner nonprofit organizations in the Northern Virginia area who are conducting enrollment events throughout the open enrollment period.

Volunteers must commit to a **minimum of four (4) open enrollment events**. Can you commit to volunteer at least four (4) open enrollment events? ☐ Yes ☐ No

PART 3: Volunteer Orientation and Training

Volunteer Information sessions will be held on Monday October 5th from 4-5 pm in Falls Church and on Tuesday, October 6th from 7-8 pm in Sterling. Please email tgoplerud@nvfs.org to register.

Required online CAC training can be accessed at: <https://portal.cms.gov>

Once you successfully complete the online training, email your *Certificate of Completion* to tgoplerud@nvfs.org.

After attending a CAC orientation session at NVFS, you will be certified by NVFS as a CAC and can start volunteering!

As part of the ongoing support you'll receive from NVFS, various training opportunities will be available.

PART 3: Releases of information

INQUIRY AUTHORIZATION RELEASE: In order to be able to volunteer as a CAC, I understand and agree that background inquiries are required. I understand and agree that NVFS may request information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and other past experiences. I acknowledge that a signed copy of this release shall be valid as the original.

Last Name		Race	
First Name		Sex	
Middle Name		Date of Birth	
Maiden Name		Social Security Number	
APPLICANT SIGNATURE		Date	

PRIVACY OF INFORMATION: I understand that the information I have disclosed on this form will remain confidential to NVFS. Furthermore, I understand that, by providing my email, I will be subscribed to the monthly Volunteer Voice and NVFS Insider e-newsletters and will have the option to unsubscribe should I choose.

CONFIDENTIALITY: In the course of receiving services from NVFS, our clients must divulge private information about themselves and their families—**information that they have a right to expect will be kept confidential**. Private information includes but is not limited to: cards/documents of identification, case records, addresses, financial records and billing information. Due to the sensitive nature of client information kept by the agency, it is imperative that each staff member, volunteer, or other agency representative, paid or unpaid, understands and is committed to the importance of confidentiality.

The right to confidentiality applies not only to written records, but also to video, film, pictures, use of a client's name in publications or discussions about clients in the hallway or elsewhere that are not directly related and necessary to providing services the client has requested. This pledge of confidentiality applies even after you and/or the client are no longer associated with NVFS. **Any and all names you see or hear during your volunteer work, as well as any written material or correspondence or discussions regarding clients, are to be treated as confidential information. "Confidential" means that any information you receive about specific clients in any form is not to be discussed or shared outside of NVFS.**

As a volunteer with Northern Virginia Family Service, I understand that any staff, client, volunteer or project-related information for which I gain knowledge **must be held in strictest confidence and not shared outside of NVFS**. I will respect the rights and privacy of all information pertaining to written consent of the appropriate NVFS authority. The Code of Virginia states: It is unlawful for any person... or association to use any names or list of names obtained directly or indirectly through access to clients' records for purposes other than those intended by the organization or to divulge the name of any person receiving public assistance...any person violating these provisions shall be guilty of a misdemeanor and punished accordingly.

PERSONAL RELEASE: I understand the nature of volunteer activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from project site locations, and other potential risks of injury. I hereby release and discharge Northern Virginia Family Service and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a NVFS volunteer. In addition, I give permission to NVFS, and/or parties designated by NVFS, to record the story and/or likeness of the person(s) named below and use such accounts in all forms of media, for any and all promotional purposes including brochures, television interviews, NVFS Reports/Press releases, radio/newspaper/newsletter interviews, photos, public service announcements, fundraising appeals, video production, NVFS website, social media sites and related internet marketing indefinitely, unless or until I revoke this permission in writing.

Signature _____

Date _____