



# Bluegrass Farmworker Health Center

A Sponsored Program of Eastern Kentucky University

1306 Versailles Road, Suite 120 • Lexington, KY 40504 • (859) 259-2635 / fax (859) 254-7874 • www.bfhc.eku.edu

## Student / Volunteer Information Sheet

### Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relation to you \_\_\_\_\_

What is the best way to contact you?     phone     cell phone     email     other: \_\_\_\_\_

### References Please list 2 people that we may contact as references

Name \_\_\_\_\_

Title/Relationship to you \_\_\_\_\_

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

Name \_\_\_\_\_

Title/Relationship to you \_\_\_\_\_

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

### Other

What brings you to the BFHC? (If a student, please note referring or supervising teacher's name)

\_\_\_\_\_  
\_\_\_\_\_

When (days/times) will you be working with us? \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_  
\_\_\_\_\_

### A. Student/Volunteer Guidelines

- Scope of work: Is defined by the Student/Volunteer's supervisor. Students/Volunteers will only be allowed access to confidential patient information as deemed necessary by their supervisor. Volunteers under the age of 18 will may not work in the BFHC unless scheduled through a County School System and approved by the BFHC Administrator in the department where they will be working
- Documentation of activities: All Students/Volunteers must sign in and out with the front desk each day that they work with the Center
- Identification: Students/Volunteers must wear a name badge at all times while working in the Center
- Dress code: Students/Volunteers must follow the BFHC dress policy

## B. Confidentiality Statement

I hereby agree to preserve the confidentiality of any and all records that I view or have access to during the course of my employment with Eastern Kentucky University in the Bluegrass Farmworker Health Center. I understand that records may be confidential by virtue of the Family Educational Rights and Privacy Act (20 U.S.C. 1232g), the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d-1329d-8), and other laws. Under these privacy laws, I may not use or disclose information about University employees, University students, or patients, unless I am certain that a provision of the law allows disclosure in particular circumstances.

If in doubt about the confidentiality of any record or my ability to legally use or disclose information, I agree to consult with my supervisor (who in turn may consult with the General Counsel's Office) before using or disclosing any information. This agreement is given in consideration for my continued employment at Eastern Kentucky University.

**NOTE:** The term "employment" means anyone working at Eastern Kentucky University as a member of its workforce, whether or not compensated for the work.

## C. Consent for Release of Personal Information to the Media This is a release. Read carefully.

- I hereby give my consent to be interviewed, photographed, filmed, audio taped, and video taped by the staff of Bluegrass Farmworker Health Center
- I understand that information of a personal nature may be obtained during the interview, filming, audio taping, or video taping
- I further give my consent for any information obtained from an interview, photograph, film, audio tape, or video tape to be published in a newspaper, in a magazine, on the radio, on the television, or otherwise
- I hereby release Bluegrass Farmworker Health Center and Eastern Kentucky University, their employees, agents, associates, and assignees from any and all claims, including libel, slander, or invasion of the right to privacy, and responsibility based upon the obtaining or publishing of any news media coverage

I, \_\_\_\_\_, have read and agree to the above  
**(A)Volunteer/Student Guidelines, (B)Confidentiality Statement, and  
(C)Consent for Release of Personal Information to the Media.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if student/volunteer is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
BFHC Staff / Witness

\_\_\_\_\_  
Date

BFHC Supervisor: \_\_\_\_\_ Work Assignment / Limitations: \_\_\_\_\_