



*A medication safety net for uninsured patients in Mobile, Baldwin and Escambia Counties*

## **Volunteer Application Packet**

Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at Ozanam Charitable Pharmacy. We take great pride in how successfully our organization is run, but we could not be as productive and effective as we are without the assistance from our amazing **VOLUNTEERS!**

Please direct completed applications to **The Ozanam Charitable Pharmacy, 109 South Cedar St., Mobile, Alabama.** You may mail your application or drop it off at our front desk. We are glad that you are considering volunteering your time at The Ozanam Charitable Pharmacy– we assure you that your dedication is greatly appreciated by our staff and patients. You will surely gain an experience unparalleled while working alongside our remarkable staff and other volunteers in our beautiful facilities. We appreciate your interest and look forward to welcoming you to The Ozanam team!

If you need additional information please feel free to contact us at (251) 432-4111 or email us at [sarcher@ozanampharmacy.org](mailto:sarcher@ozanampharmacy.org). You can also visit our web site at [www.ozanampharmacy.org](http://www.ozanampharmacy.org) and like us on Facebook.

Respectfully,

Shearie Archer  
Executive Director

*\* Please keep this front page for your reference. \**



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## **Volunteer Application and Agreement Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ (H); \_\_\_\_\_ (O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_  
(Name) (Tel. No.; Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_ Yes \_\_\_\_ No

When are you available to volunteer? (specify hours of availability)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

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

\_\_\_ Filing Records \_\_\_ Filling medications

\_\_\_ Helping with organizing a special event \_\_\_ Patient relations

List Your Past Volunteer Experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

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Have you been convicted of a crime? No \_\_\_ Yes \_\_\_ If yes, please describe:

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

REFERENCES: List two people, not related to you, who have knowledge of your qualifications.



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Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

I need the following accommodation(s) to work as a volunteer:

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

As a volunteer for Ozanam Charitable Pharmacy, I agree to abide by all applicable rules and regulations of the agency and the Alabama State Board of Pharmacy. I understand that I will receive no monetary benefits in return for my volunteer service and that Ozanam Charitable Pharmacy, Inc. may terminate this agreement at any time without prior notice for any reason. I hereby authorize Enable to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability Ozanam Charitable Pharmacy, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Ozanam Charitable Pharmacy, Inc.. Further, I agree that Ozanam Charitable Pharmacy., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Ozanam Charitable Pharmacy. I agree that this release is as broad and inclusive as permitted by the laws of the State of Alabama.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **OZANAM CHARITABLE PHARMACY HIPAA VOLUNTEER CONFIDENTIALITY AGREEMENT**

I acknowledge that during the course of performing my assigned duties at Ozanam Charitable Pharmacy I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties

B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties

C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.

D. I will not disclose my personal password(s) to anyone without the express written permission of my Supervisor or record or post it in an accessible location and will refrain from performing any tasks using another's password.

I understand that as an **employee** of Ozanam Charitable Pharmacy, the use and disclosure of patient information is governed by the rules and regulations established under **HIPAA**, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures of the pharmacy. Therefore, with regard to patient information, I commit to the following additional obligations:

A. I will use and disclose confidential health information solely in accordance with the federal and pharmacy policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.

B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to my supervisor.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Ozanam Charitable Pharmacy**

### **Non Discrimination and Harassment Policy**

Ozanam Charitable Pharmacy and its Board of Directors prohibit discrimination on the basis of race, color, religion, sex, national origin, age, or disability, as well as harassment of employees for any of those reasons. The Pharmacy's non-discrimination policy applies to recruiting, hiring, promotions, compensation, benefits, training, facilities, discipline, and all other terms and conditions of employment. In addition, the Pharmacy will not discriminate against anyone on the basis of any of the reasons cited in providing goods or services to any of its prospective clients.

Both employees and volunteers are encouraged to report any violations of this policy to the Executive Director or to the President of the Board of Directors. Upon any such violation being reported to the Executive Director, the Executive Director shall immediately report such reported violation to the Board President. The President, together with the appropriate committee of the Board and the Executive Director, if he/she is not the accused, shall immediately investigate the allegations and take appropriate action. If the allegations prove to be true to the best belief of the Board of Directors, the guilty party or parties shall be subject to disciplinary action, up to and including termination. In the case of a volunteer, that person shall be asked to leave and shall be barred from volunteering at the pharmacy again.

It shall further be the intent of the Ozanam Charitable Pharmacy and its Board of Directors to comply with all federal, state, and local regulations regarding personnel practices, including all immigration laws.

The Ozanam Charitable Pharmacy strives to create and maintain a work environment in which people are treated with dignity, decency and respect. For this reason, the Ozanam Charitable Pharmacy has a zero tolerance policy regarding harassment or discrimination of any kind. All individuals, associated with, or employed by, Ozanam Charitable Pharmacy, are covered by and are expected to comply with this policy. Hereinafter the term "individual" shall mean all persons associated with, or employed by, Ozanam Charitable Pharmacy). Appropriate disciplinary action will be taken against any individual who violates this policy up to and including termination.

The harassment of any individual because of race, color, gender, sexual orientation, religion, national origin, ancestry, age, marital or parental status, disability or other status protected under state or federal law is strictly prohibited and will not be tolerated.

#### **Sexual Harassment**

As part of this policy, sexual harassment of any individual is strictly prohibited and will not be tolerated.

Any unwelcome verbal or written comments of a sexual nature (e.g. jokes, innuendos, or slurs), physical conduct (e.g. touching or gesturing), unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature shall be considered sexual harassment which violates this policy and shall subject the offender to appropriate disciplinary action, up to and including termination when:



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1. Submission to such conduct is made either explicitly or implicitly a condition of an individual's employment;
2. Submission to or rejection of such conduct by an individual is used as a factor in any decision affecting the individual's employment, including but not limited to any decision related to advancement, performance assessment, compensation, assignments, schedules, discipline and termination; or
3. Such conduct interferes with an individual's employment or creates an intimidating, hostile, or offensive employment environment.

### **Other Forms of Harassment**

It is also the policy of Ozanam Charitable Pharmacy that any unwelcome verbal or written comments or physical conduct of a hostile or offensive nature based on a person's race, color, religion, sexual orientation, national origin, ancestry, age, marital or parental status, disability, or other status protected under state or federal law shall also be considered harassment which violates this policy and shall subject the offender to appropriate disciplinary action, up to and including termination, when such conduct interferes with an individual's employment or creates an intimidating, hostile, or offensive work environment.

### **Procedure for Filing a Complaint of Harassment or Discrimination**

Both employees and volunteers are encouraged to report any violations of this policy to the Executive Director or to the President of the Board of Directors. Upon any such violation being reported to the Executive Director, the Executive Director shall immediately report such reported violation to the Board President. The President, together with the appropriate committee of the Board and the Executive Director, if he/she is not the accused, shall immediately investigate the allegations and take appropriate action. If the allegations prove to be true to the best belief of the Board of Directors, the guilty party or parties shall be subject to disciplinary action, up to and including termination. In the case of a volunteer, that person shall be asked to leave and shall be barred from volunteering at the pharmacy again.

It shall further be the intent of the Ozanam Charitable Pharmacy and its Board of Directors to comply with all federal, state, and local regulations regarding personnel practices, including all immigration laws.

The Ozanam Charitable Pharmacy expects all individuals to act responsibly in maintaining a work environment free of harassment and discrimination, and will take all appropriate steps to enforce this policy.

### **Policy Implementation**

- In addition to having a member of management as the designated staff member to whom complaints of harassment and/or discrimination are to be made, it is important that staff members have an alternate designated staff member(s) to report complaints to in the event the primary contact is identified as the source of harassment.



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- Staff members should sign an acknowledgement and receipt form when they receive a copy of the written Harassment Policy. A sample acknowledgment and receipt form is attached.
- In addition to the written policy, staff should also receive meaningful training on the policy, and their rights and responsibilities under the policy. This will also assist in the defense of any outside legal claims.
- All members of your management staff should be advised that they are accountable for the effective administration of this policy and that they may have personal liability for failure to adhere to the policy.
- Once a complaint is received, a fair and impartial investigation of the complaint should begin immediately. These investigations should be conducted as confidentially as possible, on a need-to-know basis. You should interview in confidence the employee filing the complaint, as well as the individual(s) against whom the complaint has been filed. Any witnesses to the alleged harassment should also be interviewed in confidence if necessary. The investigation and the results should be fully documented in writing.
- Once the investigation has been completed, if the charge is found to have merit, appropriate disciplinary action should be taken against the employee who violated the policy, up to and including immediate termination of employment based on the severity of the infraction. It is important that disciplinary actions be applied in a consistent manner, and that they be sufficient to stop the harassment and to prevent its recurrence.

Should the investigation indicate that an individual has become the victim of harassment by a third party not employed at the same organization but with which they conduct business, management should take appropriate action dealing with the management of the accused offender to resolve the complaint.



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## **Receipt Form**

This is to acknowledge that I have received a copy of the Ozanam Charitable Pharmacy's "Non Discrimination Policy" and "Harassment Policy", and that I have read and understand the policy.

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Signature

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Date

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Name Printed

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Executive Director

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Date





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**Ozanam Charitable Pharmacy Technician Agreement**

Thank you for being a member of the Ozanam Pharmacy Volunteer Technician Team. By signing this Agreement, you represent that you are such a technician in the State of Alabama and you agree to comply with Federal Law, State Law, and Board of Pharmacy Rules (provided during training).

If any disciplinary action has occurred that affects your ability to perform as a registered technician in good standing, or you have been convicted of a drug related felony, we must be immediately informed by telephone, email or in writing. These changes may affect any future assignments with Ozanam Charitable Pharmacy.

You acknowledge they it is your responsibility to obtain three (3) hours of continuing education with one (1) of the hours being a "LIVE" credit hour.

You acknowledge that you must wear your nametag while on duty.

You acknowledge that you have received, read and agree to comply with Professional Expectations (During Training), as well as Anti-Harassment policies and HIPPA Forms.

This Agreement and the attachments noted herein describe the entire obligation of your role as a Pharmacy Technician.

**Pharmacy Technician** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Pharmacist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **Permission to use photograph/video image**

I \_\_\_\_\_, hereby grant to Ozanam Charitable Pharmacy, the irrevocable and unrestricted right to use, reproduce and publish photograph and video images of me on the pharmacy premises/special events during my period of association with the pharmacy. This form grants Ozanam Charitable Pharmacy the right to use said images for informational, promotional and fundraising purposes through any manner or medium (including social media).

This form also grants Ozanam Charitable Pharmacy permission to publish any testimonial stories I have provided to the organization with the understanding they will only use my first name.

I hereby release Ozanam Charitable Pharmacy, its board of directors, employees and volunteers from any and all claims, actions and liability relating to the use of said photograph and video images.

**Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**If under 18, parent/guardian name (print)** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_