



Meeting Street
believing in the possibilities

1000 Eddy Street
Providence, RI 02905

VOLUNTEER/STUDENT INTERN APPLICATION

Please complete entire application.

Volunteer Student Intern

Last Name:	First:	Middle Initial:
Address:	City:	State: Zip Code:
Telephone Number: () -	Date of Birth:	

If you are a student, please answer the following:

Name of School: _____ Grade: _____

Address: _____

Grade: _____

General Information

In what capacity would you like to volunteer/intern at Meeting Street?

Do you have any special skills (e.g., artistic, musical background, etc.)?

Have you visited Meeting Street before? Yes No

Have you ever volunteered/interned for another agency (e.g., M.D. Society, Cerebral Palsy Society, etc.)?

Yes No If yes, where?

Are there any medical and/or physical limitations we should be aware of which would enable us to better utilize your skills for placement as a volunteer/intern? (e.g.: unable to lift, but willing to work in clerical area)

Yes No If yes, please explain _____

Volunteer/Student Intern Application

Pg. 2

Have you had any experience working with individuals with disabilities? Yes No

Please check the days and times you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday
 Mornings (8:30 am - 11:30 a.m.) Afternoons (12:00 p.m. - 4:45 p.m.) Other: _____

Please check the area in which you would like to volunteer:

The Grace School (Elem/Middle) The Carter School (High School) Bright Futures After School Program
 Development Secretarial/Clerical/Admin Early Intervention
 Children's Network Outpatient Specialty Services Marketing Communications

For protection of our clients and staff, we require proof of being free of infectious disease from all prospective employees and/or volunteers.

You are required to complete our health form, which must be signed by a physician, a certified nurse practitioner, or a physician assistant. This is a prerequisite to volunteering/interning at Meeting Street. Please submit the documentation to the School Program Administrative Assistant or appropriate supervisor.

**ACKNOWLEDGEMENT OF PROCEDURE REGARDING
MEETING STREET'S COMPLIANCE WITH
THE FEDERAL AND STATE CONFIDENTIALITY LAWS AND THE HEALTH INSURANCE PORTABILITY
ACCOUNTABILITY ACT OF 1996 (HIPAA)**

This is to advise all volunteers and student interns that Meeting Street is a private non-profit organization. We are subject to Federal and State guidelines under the Laws of Confidentiality. All programs that are part of MS are subject to the Confidentiality Laws and the Health Insurance Portability Accountability Act of 1996. Client and donor information, whether part of a record or not, IS NOT to be used or disclosed with anyone. A signed authorization must be on file in the student/client's record and written permission must be obtained from your immediate supervisor prior to the use or disclosure of Protected Healthcare Information (PHI). All volunteers and student interns must complete HIPAA orientation.

Therefore, we request that after reading this brief statement, you sign below acknowledging that you are aware that you must comply with the Confidentiality and Health Insurance Portability Accountability (HIPAA) Laws that you have been advised thereof.

Signature of Volunteer/Student Intern: _____ **Date:** _____

Witness: _____ **Date:** _____

Note: If you are 18 years of age or older, you will be required to sign an authorization to obtain a Background Criminal Check (BCI).