



MAGIC MOMENTS MAGIC MAKERS APPLICATION

FOR OFFICE USE ONLY:

<input type="checkbox"/> Bham	Recd _____
<input type="checkbox"/> Montg	Intv _____
<input type="checkbox"/> Hville	Ort _____
<input type="checkbox"/> Mobile	
<input type="checkbox"/> WG	
<input type="checkbox"/> Tri C	

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email _____

Employer _____ Position _____

Volunteer Area that interests you most:

Best time/method to contact you:

- Wish Volunteer
- Office/Clerical Assistance
- Special Events
- Family Camp
- Other

- AM PM
- Home Work
- Phone Email

When are you available to volunteer? Mornings _____ Afternoons _____ Nights _____ Weekends _____

Do you have computer skills? Word _____ Excel _____ Access _____ Other _____

VOLUNTEER HISTORY

Date Started/Ended	Organization/Company City, State	Description of Duties	Still Active?

IF UNDER 18, PLEASE COMPLETE THE FOLLOWING SECTION

School Attending _____ Grade _____

Mother's Name _____

Mother's Employer _____ Phone _____

Father's Name _____

Father's Employer _____ Phone _____

MAGIC MOMENTS MAGIC MAKER APPLICATION, CON'T

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) How did you learn about Magic Moments?

- 2) How would you describe yourself to someone who didn't know you?

- 3) What are your hobbies and interests?

- 4) Have you ever worked with seriously-ill children (cancer, etc.) or children with life-altering conditions (cerebral palsy, spina bifida, paralysis, blindness, etc.)? If so, explain.

- 5) What do you hope to gain from your volunteer experience with Magic Moments?

PLEASE LIST 3 REFERENCES

- 1) Name _____ Phone _____
Title/Relationship _____

- 2) Name _____ Phone _____
Title/Relationship _____

- 3) Name _____ Phone _____
Title/Relationship _____

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Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain. _____

Are you a U.S. Citizen? Yes ___ No ___ Have you ever used another name? Yes ___ No ___ If yes, please give name and state the name was used and explain why. _____

NOTE: Magic Moments requires every applicant to submit to an interview. When your application has been received, a time for an interview will be arranged. Your acceptance as a volunteer will be based upon your completed application and interview.

Volunteers must be 18 years of age. If under 18, the volunteer must be accompanied by a parent, legal guardian or adult volunteer.

I will consider confidential all information that I may hear directly or indirectly concerning a patient, doctor or any member of personnel and will not seek information regarding a patient. I pledge to be dedicated to the mission of Magic Moments and to abide by the Volunteer Policies and Procedures.

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. **I understand that this is an application only and not a guarantee of a position as a volunteer for Magic Moments.**

Signature _____ Date _____

Parent / Legal Guardian (if under 18) _____ Date _____

Please return completed application to:

Magic Moments
c/o Children's Hospital
1600 7th Avenue South
Birmingham, AL 35233

Phone: (205) 939-9372
Fax: (205) 939-6717
www.magicmoments.org



MAGIC MOMENTS PRIVACY PLEDGE

Magic Moments is committed to respect patient privacy and protect confidential patient and business information. We comply with all governing laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations, accreditation standards, policies, procedures, and ethical guidelines.

I understand that in my service with Magic Moments, I am trusted with private and confidential information that may include patient medical records, conversations in which a patient can be identified, financial information, business documents, information systems practices, human resources records, vendor contracts, computer software, computer passwords, memos, e-mails, copyrights, and quality assurance and performance improvement activities.

I PLEDGE THAT:

- 1) I **WILL** protect the privacy of our patients, families, employees, business associates, and community in accordance with Magic Moments policy.
- 2) I **WILL ONLY** access confidential information on a legitimate “need-to-know” basis to perform my services.
- 3) I **WILL NOT** show, tell, copy, give, release, sell, review, change, or trash any confidential information unless it is part of my services. If it is part of my services, I will follow proper procedures, such as shredding obsolete confidential information.
- 4) I **WILL NOT** misuse or be careless with confidential information.
- 5) I **WILL REPORT** privacy, confidentiality, or security violations to the Magic Moments Executive Director.
- 6) I **UNDERSTAND** my access to confidential information may be audited, my access may be removed at any time, and confidential information must remain confidential during and after my services.
- 7) I **AM RESPONSIBLE** for consequences that may result, including immediate termination of my services and/or civil and criminal penalties.

I HAVE READ, UNDERSTAND, AND AGREE TO THIS PLEDGE:

Print Name _____

Signature _____

Date _____

Please return this signed form with your volunteer application.