

NEW HOPE CHINESE CANCER CARE FOUNDATION

新希望華人癌症關懷基金會

500 E. Calaveras Blvd., Suite 307, Milpitas, CA 95035

www.newhopecancer.org 408-609-3338 / 408-412-0868

義工資料表 Volunteer Application

填表日期 Date:	填表人 Filled by :	介紹人 Referred by :
姓名 Name:	( 中 )	
地址 Address :		
聯絡電話 Contact Number :	電郵 Email :	
是否曾在癌症組織當過義工? Have you ever volunteer in cancer related organizations? 是 yes ___ 否 No ___ ; 若是, 請問 if yes, please provide :		
機構名稱 Organization :	曾參與的職務 task :	
是否曾參加其它社團 Other organization :	擔任職務 Task :	
職業 Occupation :	您的興趣愛好 Hobby :	
您自己 或家人 ( 關係 : ) 曾經罹患癌症? 否 是 Do you or any family member have cancer? ___ No ___ Yes, self ___ or family member _____		
癌症部位 Part :	癌症的期數 Stage :	
是否願意和其他患相同癌症的癌友分享抗癌經驗? 是 否 Would you like to share your experience with others? ___ Yes ___ No		
您最常用的語言 Language : 國語 Mandarin 粵語 Cantonese 台語 Taiwanese 英語 English 其他 Others		
宗教信仰 Religious :	原居住地 Origin Country : 台灣 Taiwan 香港 HK 中國大陸 China 其他 Others	
請註明您想參與的項目 Please indicate the task you would like to volunteer :		
<input type="checkbox"/> 辦公室義工 Helpline /Office ( 協助接聽癌友電話, 寄發資料及其它一般事務 ) 時間 Time : _____		
<input type="checkbox"/> 文書資料處理 Data Process ( 中英文打字, 表格設計, 資料輸入等 ) 時間 Time : _____		
<input type="checkbox"/> 醫療導航以及資料收集 Navigation and Resource : ( 協助新病人收集資訊, 了解病況, 將以小組方式為病人服務 )		
<input type="checkbox"/> 互助小組 Support Group ( 探望癌友, 電話關懷, 為癌友舉辦活動 )		
<input type="checkbox"/> 抗癌經驗分享 Experience Sharing		
<input type="checkbox"/> 年會及大型活動 Events		
<input type="checkbox"/> 交通服務 ( 接送就醫或參加活動 ) Transportation : 時間 Time : _____		
<input type="checkbox"/> 募款活動 Fundraising Event		
<input type="checkbox"/> 教育講座 Seminars		
<input type="checkbox"/> 其他 Others _____		

# NEW HOPE CHINESE CANCER CARE FOUNDATION (NHCCCF)

## VOLUNTEER CONFIDENTIALITY AGREEMENT

All volunteers of NHCCCF are required to sign this confidentiality agreement.

**Notice to Volunteers:** We welcome you to the NHCCCF. In an effort to provide the highest quality of services, maintain the confidence of our volunteers, patients, families and staff, preserve integrity, safety and respect, and in compliance with laws and regulations, we request that you take the time to read, sign and date this Volunteer Confidentiality Agreement. Thank you for your understanding and cooperation.

### Confidentiality Agreement

I understand that the NHCCCF has a legal and ethical responsibility to maintain the privacy of all patients, including obligations to protect the confidentiality of patient's medical information and identity, and to protect the organization's other confidential data. As a condition of my volunteering for the NHCCCF, I understand that I must sign and abide by the following confidentiality provisions and agree that:

1. I will disclose any and all of patient's information (confidential or otherwise), only if such disclosure is in compliance with the NHCCCF policies and is required for the performance of my duties.
2. I will not access or read any and all patient's information, other than what is required to perform my assigned duties.
3. I will not research or discuss any patient's information with any person(s) who does not have the appropriate authorization to review or hear such information. This includes refraining from discussing any patient's information in public areas even if specifics such as patient's name are not used.
4. I will not make any unauthorized copies, transmissions, disclosures, inquiries or modifications of patient's information, (confidential or otherwise). Such unauthorized transmissions include removing and/or transferring patient's information from the NHCCCF's computer system to unauthorized locations, such as your residence.
5. Any personal access codes, user IDs, access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times.
6. Upon completion of my volunteer services, I will immediately return all property (including keys, documents, ID badges, etc.) to the NHCCCF.
7. **I am aware that the NHCCCF, in order to hold individuals accountable for improper use of data, has the ability to track database system usage and to identify employees and volunteers who have accessed, printed, or forwarded patient's information.**

I HAVE READ AND AGREE TO COMPLY WITH THE CONFIDENTIALITY AGREEMENT ABOVE,  
AND I WILL ABIDE BY THE CODE OF ETHICS BY NHCCCF.

Signature and Date: \_\_\_\_\_

Print Name: \_\_\_\_\_