

Volunteer Application

Personal Data

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ Zip _____

Best number to reach you? _____ Would like to receive text? _____

Email: _____

Do you drive? Yes No Is car available? Yes No

DL Number: _____

Expiration Date: _____

State where issued: _____

Birth Date: _____

Emergency Contact(s):

Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you use any social media sites? (Facebook, Twitter, Pinterest, etc.) Please List:

Affiliation to Motion Picture or Television Industry

Industry Member (please provide union/affiliation) _____

Friends, family or Significant other of MPTF
(please provide name and relation) _____

Applicant must be affiliated with the Motion Picture and/or Television industry as an employee or by marriage (husband or wife) or blood relationship (father, mother, son or daughter) to an employee or retired.

References

Name _____ Telephone _____

Name _____ Telephone _____

In Community:
Email rfeiger@mptvfund.org
Please fax to: 323.634.3868

Wasserman Campus: (Woodland Hills)
sschubert@mptvfund.org
Please fax to: 818.876.1280

Volunteer Availability (Please check all that apply)

Mon Tue Wed Thu Fri Sat Sun

Morning							
Afternoon							
Evening							

What's your first choice of place to volunteer? Community Wasserman Campus

I. Community Volunteer Opportunities Rank activity preference 1-5 (1= top choice) If no preference, list all "1"

Community Programs (on going)	Rank	Home Safe Home (Scheduled events)	Rank
<input type="checkbox"/> Friendly Visitors	_____	<input type="checkbox"/> Home Safe Home (weekdays)	_____
<input type="checkbox"/> Grocery Shoppers	_____	<input type="checkbox"/> Home Safe Home (weekends)	_____
<input type="checkbox"/> Computer Tutor	_____	<input type="checkbox"/> RUSH (within 3 days of request for volunteer)	_____
<input type="checkbox"/> Phone Buddies	_____	<input type="checkbox"/> Special projects (Join with other non profit agencies)	_____
<input type="checkbox"/> Administrative	_____	<input type="checkbox"/> Other	_____

Check areas in which you are available to volunteer (programs require travel to homes/office)

- | | | |
|--|--|---|
| <input type="checkbox"/> Burbank/Toluca Lake/Studio City | <input type="checkbox"/> Hollywood | <input type="checkbox"/> Santa Clarita/Valencia |
| <input type="checkbox"/> Encino | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Westside |
| <input type="checkbox"/> Glendale/Pasadena/Sunland | <input type="checkbox"/> Sherman Oaks/Valley Village | <input type="checkbox"/> West Hollywood |
| | | <input type="checkbox"/> Woodland Hills/Calabasas |

II. Wasserman Campus Volunteer Opportunities (on going)

Channel 22	Rank	Saban	Rank	Activities & Social Servs.	Rank
<input type="checkbox"/> Administration*	_____	<input type="checkbox"/> Fitness Buddy	_____	<input type="checkbox"/> Administrative	_____
<input type="checkbox"/> Post Production**	_____	<input type="checkbox"/> Pool Buddy	_____	<input type="checkbox"/> Computer Tutor	_____
<input type="checkbox"/> Production***	_____	<input type="checkbox"/> Reception	_____	<input type="checkbox"/> Crafts	_____
*Administration Produce/shoot/Perform				<input type="checkbox"/> Entertaining	_____
**Post Production Edit/Voice over etc.				<input type="checkbox"/> Feeding	_____
*** Production Resident interaction/Filing/Office Admin/Production support				<input type="checkbox"/> Friendly Visiting	_____
				<input type="checkbox"/> Gardening	_____
				<input type="checkbox"/> Games	_____
				<input type="checkbox"/> Palliative Care	_____

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Skills (check those that apply)

- | | |
|---|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Handyman Repairs | <input type="checkbox"/> Speak other languages, If so what? |
| <input type="checkbox"/> Other(s) | |

Which areas from above do you have prior experience with? _____

Do you have limitations we should be aware regarding your volunteer involvement? _____

Other Relevant Experience? _____

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CONFIDENTIALITY STATEMENT AND AGREEMENT

As a volunteer of Motion Picture & Television Fund, I am aware of my responsibility to protect confidentiality and agree to:

- ◆ Maintain strict confidentiality of all business related or patient/resident-related information in any form. Follow HIPAA practice standards and policies in protecting health information. I recognize the value of patient, financial, and business operations information, and the importance of maintaining confidentiality of that information to the success and well being of MPTF, its patients, residents, the Medical Staff, employees and volunteers. I understand that unauthorized disclosure, discussion or utilization of such information without a business necessity or for the benefit of anyone other than MPTF may result in the termination of my volunteer association with MPTF. I also fully understand and promise that should my volunteer association with MPTF end for any reason whatsoever, I will not disclose or utilize any information or knowledge that is not public information or otherwise generally available.

- ◆ All information relevant to reports of elder or dependent adult abuse may only be given to a supervisor/manager of MPTF, an investigator from an adult protective services agency, a local law enforcement agency, or the Bureau of Medi-Cal Fraud and Elder Abuse or investigators of the Department of Consumer Affairs, Division of Investigation who are investigating the known or suspected case of elder or dependent adult abuse. Any violation of the confidentiality required by law is a misdemeanor punishable by not more than six months in the county jail, by a fine of \$500.00, or by both. The identity of all persons who report under these provisions shall be confidential and disclosed only among adult protective agencies, local law enforcement agencies, the Bureau of Medi-Cal Fraud and Elder Abuse, and the Division of Investigation to counsel representing an adult protective services agency, Long-Term Care Ombudsman Program, licensing agency or a local law enforcement agency, by the Bureau to the District Attorney in a criminal prosecution, when persons reporting waive confidentiality, or by a court order. Additionally, no person reporting a known or suspected instance of elder or dependent adult abuse shall incur civil or criminal liability as a result of any report, unless it can be proven that a false report was made and the person knew the report was false.

- ◆ Respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with my work at MPTF, and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of MPTF related activities.

Date

Signature

Volunteer Name (please print): _____

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