Volunteer Program

North Mississippi Regional Center

The Volunteer Program at the North Mississippi Regional Center (NMRC) is dedicated to enriching the lives of individuals with developmental and intellectual disabilities by fostering lasting friendships with community volunteers. In this program, a volunteer becomes a special friend of an individual served by NMRC. Volunteers with a particular area of interest or major field of study, opportunities are also available for volunteering side-by-side with NMRC staff in several programmatic departments. The program offers flexible and diverse volunteer opportunities, enabling participants to choose their own time commitment.

Volunteers can visit individually or in groups. Assignment to the program is based on shared interests and the special needs of our individuals. Some of the things our volunteers do include remembering special holidays and birthdays, sending cards or letters, visiting regularly at the Center, taking walks, playing games, watching TV or movies, reading, and assisting staff. Volunteers are always welcome at NMRC events.

Volunteers are a vital part of NMRC's mission to provide quality programs and services to citizens with intellectual and developmental disabilities. Our volunteers, in return, gain better understanding of the programs we provide and the individuals it serves — and, of course, lasting friendships.

Volunteers must register with the NMRC Public Information Office, agree to criminal record and child abuse background checks, and agree to abide by all NMRC rules and regulations.

If you are interested in volunteering at NMRC, please contact Ms. Sha' Simpson of the Public Information and Volunteers Department, at 662-513-7684 or email *smsimpson@nmrc.ms.gov*

North Mississippi Regional Center

967 Regional Center Drive
Oxford, MS 38655
662-234-1476
www.nmrc.ms.gov

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NORTH MISSISSIPPI REGIONAL CENTER
TB Questionnaire/Evaluation Form

Name: ___________________________ Date of Birth: ________

Department:______________________ Date of Hire: ______

Since your last PPD/symptom review, have you experienced any of the following:

1 Had a cough that lasted longer than 3 weeks? □ Yes □ No

2. Had a fever that lasted longer than 3 weeks? □ Yes □ No

3. Coughed up any blood? □ Yes □ No

4. Had excessive sweating at night? □ Yes □ No

5. Losing weight without trying to do so? □ Yes □ No

6. Has there been a significant decrease in your level of energy (other from work/life related)? □ Yes □ No

By signing this form, you declare and certify that the answers you provided are true and correct.

___________________________ ________________________________
Volunteer Signature Date Witness Date

North Mississippi Regional Center
Volunteer Application

Date: ___________

Name: ____
Last First Middle initial

Email Address: ______________________________ Telephone: _______________________

Mailing Address : ____
City State Zip

Birthdate: ________________ Occupation/employer*: ___________________________

Volunteer experience(briefly): ____

____

check your choice of volunteer work:

- ❑ best friend (client's name ________________)
- ❑ regular volunteer (department ____________)
- ❑ group home (______________________)
- ❑ work activity program (_______________)

list some way you/your group would like to volunteer: ______________________________

____

interest/hobbies: ____

how long do you plan to do this volunteer service? _________________________________

how did you learn about this opportunity? ____

*If you are *or* were formerly a member of the NMRC staff, please provide the following information
Department: _______________________ Shift: ______________________________________

Date of Hire: _______________________ Termination Date: ____________________________

North Mississippi Regional Center
Statement Regarding Confidential Information

The North Mississippi Regional Center hereby prohibits any visitor, employee, volunteer, student or committee member, working in any capacity, from disclosing confidential information concerning any client except in the performance of official duties regarding treatment, payment or healthcare operations.

The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), protects the privacy of individual health information by requiring the North Mississippi Regional Center to obtain a client's consent or authorization before using any personal health information (except in very specific situations).

All medical records and other individually identifiable health information used or disclosed by the North Mississippi Regional Center in any form, whether electronically, on paper, or orally, are covered by the HIPAA Privacy Rule.

For knowingly violating client privacy, the following federal criminal penalties apply:

- Up to $50,000 and 1 year in prison for obtaining or disclosing protected information.
- Up to $100,000 and up to 5 years in prison for obtaining or disclosing protected information under false pretenses.
- Up to $250,000 and up to 10 years in prison for obtaining or disclosing protected information with the intent to sell, transfer, or use it for commercial advantage, personal gain, or malicious harm.

By my signature, I attest that I have read and understand the above statement regarding the release of confidential information as it relates to visitors, employees, volunteers, students, or committee members at the North Mississippi Regional Center.

Signature: ______________________________ Date: ______________

Witness: ______________________________ Date: ______________

Insurance Coverage Waiver

I understand that as a student with the North Mississippi Regional Center (NMRC), I may have the opportunity to participate in both client visitation and other related activities. As a participant I further understand that should I become injured during participation in any activity I will release and forever hold harmless the North M ississippi Regional Center, clients, employees, Department of Mental Health, and the State of Mississippi from any and all liability.

Signature: ____

Social Security Number: ______________________ Date: ________________

Witness: ____

North Mississippi Regional Center
Volunteer Biographical Supplement Information

Name: ____
Last First Middle Maiden

Social Security Number: ________________ Date of Birth: ________________

Please list by city, county, and state all residences you have held since 18 years of age: (Start with most recent)

	CITY	COUNTY	STATE
1.	____________	____________	____________
2.	____________	____________	____________
3.	____________	____________	____________
4.	____________	____________	____________
5.	____________	____________	____________
6.	____________	____________	____________
7.	____________	____________	____________
8.	____________	____________	____________
9.	____________	____________	____________
10.	____________	____________	____________
11.	____________	____________	____________
12.	____________	____________	____________
13.	____________	____________	____________
14.	____________	____________	____________
15.	____________	____________	____________

ENHANCING ABILITIES
NORTH MISSISSIPPI REGIONAL CENTER
1973
PROMOTING INDEPENDENCE

North Mississippi Regional Center
Vehicle Hang Tag Registration Form

Hang Tag Type: Staff ______ FGP ______ **X** Student/Volunteer

Name: ____
Last First M

Department: **Volunteer**

Vehicle # 1
- **Vehicle Make** ____________________
- **Vehicle Model** ____________________
- **Vehicle Color** ____________________
- **Vehicle Tag #** ____________________

Vehicle # 2
- **Vehicle Make** ____________________
- **Vehicle Model** ____________________
- **Vehicle Color** ____________________
- **Vehicle Tag #** ____________________

Vehicle # 3
- **Vehicle Make** ____________________
- **Vehicle Model** ____________________
- **Vehicle Color** ____________________
- **Vehicle Tag #** ____________________

State Where Car Tag Issued ____________________

*****You can register up to three (3) vehicles for your hang tag. By my signature below, I acknowledge that information above is correct.**

Signature ____