



Public Health
Prevent. Promote. Protect.

Riley County Health Department Volunteer Program

How to Apply:

Students who are interested in volunteering at the Riley County Health Department must complete the application and email it to RCHDInternship@rileycountyks.gov. The subject line should read "Volunteer Opportunity".

In addition to the application, please include the following items as an attachment within your message:

Program Areas:

Not every program has the capacity to host volunteers on a regular basis. Availability and capacity are determined by the program supervisor or coordinator.

- Administration
- Childcare Licensing
- Family Connections
- Health Education
- Public Health Clinic
- Public Health Emergency Preparedness
- Raising Riley
- Women, Infants and Children (WIC) Program

Hours of Operation			
	General Services	Clinical Services	Administration
Monday	0800-1700	0800-1700	0800-1700
Tuesday	0800-1700	0800-1700	0800-1700
Wednesday	0800-1700	0800-1700	0800-1700
Thursday	0800-1900	0900-1830	0800-1700
Friday	0800-1500	0800-1430	0800-1700

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Health Department Clinics
2030 Tecumseh Road
Manhattan KS 66502
P: 785-776-4779
F: 785-565-6565

Family & Child Resource Center
2101 Claflin Road
Manhattan KS 66502
P: 785-776-4779
F: 785-587-2879



✓ if completed	Requirements to Begin Volunteering
<input type="checkbox"/>	Volunteer Application (to be sent to Public Health Emergency Preparedness Coordinator: aadams@rileycountyks.gov upon completion)
<input type="checkbox"/>	HIPAA Training (to be sent to Public Health Emergency Preparedness Coordinator: aadams@rileycountyks.gov upon completion)
<input type="checkbox"/>	Confidentiality Form (to be sent to Administrative Assistant: mmarkvicka@rileycountyks.gov upon completion)
<input type="checkbox"/>	Complete Volunteer Agreement

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Riley County Health Department Volunteer Application

Contact Information

Name: _____ D.O.B: _____
(Last) (First) (MI) (MM/DD/YY)

Current Address: _____

Phone: _____ E-mail: _____

Affiliation organization/entity (if applicable):

How did you hear about volunteering with the health department?

Are you willing to volunteer for outreach events either on or off-site? Yes No

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Hours requested: _____ Approximate hours per week: _____

Start date: _____ End date: _____

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Program of Interest

Please select the program area for which you are interested in volunteering:

- Administration
- Childcare Licensing
- Family Connections
- Health Education
- Public Health Clinic
- Women, Infants and Children (WIC)
- Raising Riley

In a short paragraph, explain your interest, why you've chosen that particular program and what you would like to accomplish as a volunteer:

Required Trainings and Forms

- HIPAA: An Overview
- HIPAA Awareness – Module 1
- HIPAA: Allowable Disclosures and Safeguards – Module 2
- HIPAA: Right to Access and Documentation – Module 3
- Riley County Health Department Confidentiality Form

Volunteer: _____

(Signature)

(Date)

By submitting this application, I affirm the facts set forth are true and complete.

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Riley County Health Department Volunteer Agreement

Name: _____

E-mail: _____

Address: _____

Phone 1: _____ Phone 2: _____

Health Department Program: _____

Hours Requested: _____

Approximate hours per week: _____

Start date: _____

End date: _____

Signatures Required for Approval:

Student: _____

(Signature)

(Date)

Program Supervisor: _____

(Signature)

*(Date)*ⁱ

ⁱ This document was developed with permissions from and in collaboration with Saint Louis University College for Public Health & Social Justice. 3545 Lafayette Ave St. Louis, MO 63104