



Volunteer application

Name: _____
First MI Last

(_____) _____ (_____) _____ (_____) _____
Home phone work phone cell phone

Mailing Address: _____
No. & street or PO box City State zip

Home Address: _____
No. & street or PO box City State zip

Email Address: _____

Social Security Number: _____ - _____ - _____

Emergency Contact Name: _____ **Phone:** (____) _____

List any languages, other than English that you speak fluently:

Please check the Life Enrichment activity in which you would like to be involved.

<input type="checkbox"/> Arts/Craft	<input type="checkbox"/> Health topics	<input type="checkbox"/> Sewing
<input type="checkbox"/> Computers	<input type="checkbox"/> Intergenerational	<input type="checkbox"/> Shopping
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Music	<input type="checkbox"/> Sports
<input type="checkbox"/> Current events	<input type="checkbox"/> Office work	<input type="checkbox"/> Tai Chi/ Yoga
<input type="checkbox"/> Dancing	<input type="checkbox"/> Outings	<input type="checkbox"/> Theater
<input type="checkbox"/> Discussion groups	<input type="checkbox"/> Parties	<input type="checkbox"/> Writing
<input type="checkbox"/> Exercise	<input type="checkbox"/> Reading	<input type="checkbox"/> Religion
<input type="checkbox"/> Games	<input type="checkbox"/> Gardening	<input type="checkbox"/> Reminiscing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With which population would you be most interested in working?

Assisted Living Residents Alzheimer's Dementia Residents

How did you hear about this volunteer Opportunity: Family member School

Advertisement Other _____



Days and Times Available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> not avail	<input type="checkbox"/> not avail	<input type="checkbox"/> not avail	<input type="checkbox"/> not avail	<input type="checkbox"/> not avail	<input type="checkbox"/> not avail	<input type="checkbox"/> not avail
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
<input type="checkbox"/> No pref	<input type="checkbox"/> No pref	<input type="checkbox"/> No pref	<input type="checkbox"/> No pref	<input type="checkbox"/> No pref	<input type="checkbox"/> No pref	<input type="checkbox"/> No pref

Do you need any accommodations to perform volunteer services? Yes No

If yes, please describe: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

(A conviction may not necessarily disqualify an applicant)

Personal References: References are required. References should not be a relative, or live within your household, and should know you fairly well (at least 6 months). We will be contacting your references, so please let them know we will be calling.

Reference #1

Reference # 2

Name:	Name:
Address:	Address:
Length of time known:	Length of time known:
Phone:	Phone:

I certify that all statements contained herein are true and complete to the best of my knowledge:

Signature: _____ date: _____



Important information for Volunteers

Thank you for your interest in volunteering at our community!

The primary concern of all volunteers must be the well-being of each resident. Our residents must be shown respect, courtesy, thoughtfulness, cheerfulness, and patience by all volunteers and care team members.

CONFIDENTIALITY

Residents of this community and residents of other communities with whom volunteers may be in contact are entitled to confidentiality regarding any information obtained about them.

- Volunteers may not discuss the residents' confidential information with others.
- Volunteers may discuss the confidential information about residents, as needed, with the Wellness Services Director, the Administrator, or the Life Enrichment Coordinator.

In order to be part of our team, there are a few necessary steps:

1. Prior to volunteering at the Community
 - a. All volunteers will complete a volunteer application. This form requires documentation verifying that the individual is complying with all applicable state and federal laws and regulations regarding services to be performed on the premises.
 - b. This application process also requires written personal references.
 - c. A criminal background check MAY be required if you are over 18 years old, and if you are going to be working unsupervised in the resident's apartments.
2. Completion of Orientation
 - a. Completion of the on-site Volunteer Orientation is required prior to volunteering in the community.
 - b. This Orientation program is coordinated through the Life Enrichment Coordinator
3. Parking



- a. All volunteers will park in the designated parking areas in any available space except ones that might be designated for residents or have other special designation.
4. Name Tags
 - a. Volunteers are provided with name tags.
 - b. Wearing the name tag allows team members, family members and residents to know who the volunteers are.
 - c. Name tags must be worn at all times when the volunteer is providing services to residents.
5. Sign in/Sign out
 - a. All volunteers are required to sign in at the front desk when arriving on the premises.
 - b. Volunteers must sign out upon leaving the community.
6. Smoking
 - a. All volunteers will smoke only in community designated smoking areas.
 - b. Volunteers are not permitted to smoke in residents' apartments.
7. Emergency Procedures
 - a. Volunteers will cooperate with the community fire drill and other emergency procedures.
 - b. The Volunteer should report any unsafe condition to the Life Enrichment staff or Administrator.
8. Meals – Volunteer staff must follow the same rules as Community care team members regarding meals.
9. Visits
 - a. If a volunteer wants to bring family members or friends to a community function, you are welcome to do so
 - b. If you bring small children to a community function, they are also welcomed. Please provide proper supervision.
10. Volunteer Assignments
 - a. Volunteers are not assigned to provide activities in residents' apartments unless they have a Criminal Background check.
 - b. Volunteer activities are scheduled and conducted in common areas of the community, on scheduled outings, or planned Life Enrichment events.
11. Dress
 - a. Volunteers are expected to be neat, clean, and dressed in attire appropriate to the function or assigned responsibility at all times.
 - b. See community dress code for standards.
12. Solicitation
 - a. Volunteers will not solicit residents or staff for goods or services.



- b. The volunteer is not to accept gifts from residents, either monetary or material.

Acknowledgement of receipt of the Volunteer Code of conduct

I have read and fully understand the Volunteer Code of Conduct, as explained in this document and agree to abide by these policies. I acknowledge that violation of these policies may result in the community suspending or ending my service as a volunteer.

By signing this document, I acknowledge that I understand and agree that I am not an employee of the Community; that the Code of Conduct are not intended to imply an employee-employer relationship.

Volunteer name (Please Print)

Volunteer signature date

Life Enrichment Coordinator signature date

Administrator signature date

** This application and acknowledgement of the code of conduct is to be kept in the Life Enrichment files, and a copy must be given to the Volunteer.

