



# HeatherWood

Assisted Living and Memory Care

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"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <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 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

# HeatherWood

## Assisted Living and Memory Care

- 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 always be worn 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 always assigned responsibility.
  - 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.