

Volunteer Program

Operational Manual – Activities

Purpose

To promote a positive relationship with the community surrounding the Facility and ensure that volunteers are properly screened and trained.

Policy

The Facility will promote an active volunteer program in order to maintain positive ties to the community. The program will be conducted in a manner that provides for the safety and dignity of the residents, and protects the resident's rights.

Procedure

- I. Facility Staff will recruit volunteers on an ongoing basis through contact with community organizations.
- II. Volunteers who are involved in recreation programs will:
 - A. Complete ACT – 17 – Form A – Volunteer Application.
 - i. Volunteers are required to sign the acknowledgement on the Volunteer Application.
 - ii. If the volunteer is under the age of eighteen (18), ACT – 17 – Form B – Parental Permission Form must be signed by their parent or guardian.
 - B. Be interviewed by the Director of Activities.
 - C. Receive orientation and training on no less than the following topics:
 - i. Abuse Prevention Policy
 - ii. Residents' Rights
 - iii. HIPAA
 - iv. Fire and disaster plan
 - v. Facility specific rules and procedures, as detailed in ACT – 17 – Form C– Volunteer Orientation Checklist
 - D. During the orientation process, after receiving HIPAA education, the volunteer must sign HP – 24 – Form A – Employee Confidentiality Agreement.
- III. Each volunteer will be provided a name badge that is to be worn at all times while volunteering.
 - A. Badges should be kept at the Facility between visits.
- IV. **Volunteer Groups**
 - A. A volunteer group conducting entertainment or church services will not require group screening or orientation, but will receive the necessary direction and supervision from Facility Staff related to the specific event they are presenting.
 - B. The volunteer group must designate a contact person, who will be required to complete ACT – 17 – Form A – Volunteer Application.
- V. The Director of Activities will maintain Volunteer Applications and other required forms in the activity office.
- VI. If a volunteer is found to engage in conduct which violates Facility policy, the volunteer will not be allowed to continue volunteering at the Facility.

References

Volunteer Program

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Sources: None	
Forms: ACT – 17 – Form A – Volunteer Application ACT – 17 – Form B – Parental Permission Form ACT – 17 – Form C – Volunteer Orientation Checklist See HP – 24 – Form A – Employee Confidentiality Agreement	
Employee(s): Facility Staff	
Version No. 1.0	Date Revised: November 01, 2013

Volunteer Application

Name: _____	Date: _____
Phone Number: _____	Date of Birth: _____
Address: _____	
Please indicate why you want to volunteer:	

List any prior experience in volunteer work:	

Are you currently employed? Yes / No If yes, what type of work do you do? _____	

List any foreign languages that you speak: _____	
Religious preference (optional): _____	
List health problems, if any: _____	
List emergency contact:	
Name: _____	Phone: _____ Relationship: _____
Address: _____	
List any special interest or hobbies:	

Do you belong to any clubs or organizations? If so, list and describe involvement:	

How did you hear about volunteer opportunities here? _____	
How long do you plan to volunteer? _____	

Volunteer Application

Please provide three references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING.

Initial

_____ I certify that all information provided in this Volunteer Application is true and complete. I agree to have the statements checked by the Facility, unless indicated to the contrary. I understand that any false information or omissions may disqualify me from further consideration and may result in dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning my background may also be conducted. I hereby authorize that investigation. I also understand that my volunteer status is contingent upon satisfactory completion of reference checks. *[Please provide the Facility with a copy of identification necessary to run such background checks.]*

_____ I understand that I will be given an orientation to the Facility and necessary training related to my duties once I begin my service as a volunteer. I understand that the services I will provide are voluntary in nature and I will not be compensated.

I have read and understand, and by my signature, consent to these statements:

Applicant Signature: _____

Date: _____

Volunteer Application

Volunteer Preferences

Please indicate your availability: Daily Weekly Monthly

Days you prefer to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time are you available? ____:____ am/pm to ____:____

Other scheduling considerations: _____

Do you prefer to work with: Individual residents In group activities

Please indicate preferred activities by checking the corresponding boxes.

Individual Activities	Group Programs
<input type="checkbox"/> Reading books/magazines	<input type="checkbox"/> Exercises
<input type="checkbox"/> Writing/reading letters	<input type="checkbox"/> Baking/cooking
<input type="checkbox"/> Shopping	<input type="checkbox"/> Movies
<input type="checkbox"/> Passing mail	<input type="checkbox"/> Gardening
<input type="checkbox"/> Painting fingernails	<input type="checkbox"/> Crafts
<input type="checkbox"/> Assisting residents to and from activities	<input type="checkbox"/> Current events
<input type="checkbox"/> Recruiting other volunteers	<input type="checkbox"/> Sports
<input type="checkbox"/> Bringing your pet	<input type="checkbox"/> Assisting on facility outing
<input type="checkbox"/> Interviewing for life histories	<input type="checkbox"/> Special events
<input type="checkbox"/> One-on-one games	<input type="checkbox"/> Weekend activities
	<input type="checkbox"/> Sing along/music
Miscellaneous	<input type="checkbox"/> Serving refreshments
<input type="checkbox"/> Sewing	<input type="checkbox"/> Night activities
<input type="checkbox"/> Decorating	<input type="checkbox"/> Parties
<input type="checkbox"/> Putting up calendars	<input type="checkbox"/> Bingo/table games
<input type="checkbox"/> Decorating	<input type="checkbox"/> Men's group
<input type="checkbox"/> Putting up calendars	<input type="checkbox"/> Women's group
<input type="checkbox"/> Assisting with planning events	<input type="checkbox"/> Church/religious
<input type="checkbox"/> Designing posters/flyers	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Putting up posters in the community	<input type="checkbox"/> Other:
<input type="checkbox"/> Assisting with newsletters	<input type="checkbox"/> Other:
<input type="checkbox"/> Talking to groups	<input type="checkbox"/> Other:

Volunteer Orientation Checklist

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Please initial next to each item to indicate that the volunteer was trained on the corresponding information.

Procedures

- _____ Notification to supervisor upon arrival, departure or break during an assignment.
- _____ Designated areas for smoking and eating.
- _____ If personal phone calls are necessary, do not use resident phones. Utilize a phone in the activity office.
- _____ Volunteers may not go behind the nurse's station or into the medication rooms.
- _____ Attire and conduct will be appropriate.
- _____ If suffering from an illness, inform supervisor of inability to perform assignment.
- _____ If presenting about the facility, or recruiting other volunteers, the content of such presentations must be approved in advance by the Administrator.

Precautions

- _____ Do not give residents food, beverages, cigarettes or lighters without permission.
- _____ Do not leave residents unsupervised with potentially harmful items.
- _____ Do not enter a resident room with a "Do Not Enter" or "Isolation" sign posted.
- _____ Do not provide assistance related to transfer, toileting, or other types of care. If the resident needs assistance, notify staff.
- _____ Do not give or supply residents with medications.
- _____ Do not release a resident restraint or lower side rails. If a resident makes a request, notify staff.
- _____ Do not take a resident off the unit or out of the facility without notifying the Charge Nurse.
- _____ In response to falls, resident altercations, etc., immediately notify staff. Do not attempt to provide intervention. If possible, remain with the resident and attempt to verbally calm until staff arrives.
- _____ When pushing wheelchairs, be sure hands, feet, tubing, etc. are properly positioned. Proceed slowly and carefully. Utilize breaks at destination.
- _____ Follow sanitation and infection control procedures as instructed by supervisor. Basic procedures should include:
 - Wash hands before and after contact with each resident.
 - Wash hands before and after handling food.
 - Wash hands after blowing nose or handling soiled items.

Ethics and Resident Rights

- _____ Copy and explanation of Resident Bill of Rights has been provided.
- _____ Privacy to include knocking on doors and waiting for a response, leaving the room when the resident has a visitor. Phone call or is receiving care.
- _____ Respect of personal property to include not moving resident belongings without permission, not damaging resident property, not accepting or handling resident money, and not lending money to a resident.
- _____ Confidentiality to include not discussing confidential information or observations outside the facility or within the hearing of other residents or visitors to the facility. Report concerns to supervisor.
- _____ Explanation of the Abuse Prevention Policy and the definitions of the various types of abuse have been explained along with the reporting procedure. Key points include:

Version 1.0

Last Revised: Nov. 2013

CONFIDENTIAL AND PROPRIETARY INFORMATION

Form C

Policy No. – ACT – 17

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- Never tease a resident or say anything that may frighten or disturb a resident.
- Do not speak to any resident in a derogatory manner.
- If a resident says or does something that disturbs you, do not display anger or retaliation. Immediately discuss with supervisor.
- If you observe the resident in a situation that would be considered abusive or harmful, immediately report to supervisor. If necessary, remove the resident from immediate harm and remain with the resident until staff arrives.

_____ Resident's grievance process. If a resident voices a concern to you, inform supervisor so that follow-up can be initiated.

_____ Fire and Disaster Plan shared and explained.

I hereby agree that I have received the above information and an explanation related to the areas outlined. I understand that this Facility respects the rights of residents and places a strong emphasis on dignity, privacy, confidentiality, and freedom from abuse. I agree to support the standards of this Facility.

Volunteer

Name: _____

Signature: _____

Date: _____

Director of Activities

Name: _____

Signature: _____

Date: _____

*Provide a copy of this checklist to the volunteer.