

JOSEPHINE CARING COMMUNITY VOLUNTEER APPLICATION

YOUR INFORMATION

Name:	
Address:	
Phone:	Cell phone:
Email:	

HOBBIES, SKILLS OR INTERESTS:

PREVIOUS VOLUNTEER EXPERIENCES:

EMERGENCY INFORMATION

Emergency Contact (name and address):	Phone:
Emergency Contact (name and address):	Phone:

WHEN ARE YOU AVAILABLE? (PLEASE CIRCLE ALL THAT APPLY)

Please circle all that may apply	
Availability: Days or Evening	Days of Week: Mon Tue Wed Thurs Fri Sat Sun

IN WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING? (PLEASE CIRCLE ALL THAT APPLY)

Arts and Craft – Thursday Afternoons 1 to 2pm	Performing – Social Hour 2:30 Every Afternoon
Dog Visits – All Day	Reading – All Day or Friday 10:00am
Games – All Day or Poker most Friday's at 1pm	Singing – Social Hour or Music Sing-Along Monday 1:30pm
Gardening – All Day	Transporting for daily Facility Activities 30 Minutes prior to activity. Transporting to meals – 10:45 Lunch or 4:15 Dinner
Gift Shop 9-4 Daily	Help in daily activities such has Bingo, exercise, etc. - Ask for details
Mending – Second Friday of the Month - Morning	Walks – inside/outside depending on weather
Outings – Twice monthly Check with Staff	Other:
One on One Visits – All Day	

SIGNATURE

I understand that all of my services are on a volunteer basis. I agree to comply with the requirements and regulations of Josephine's Caring Community.	
Signature _____	Date _____
Parent's Signature _____ (Required if volunteer is under 18)	Date _____

Please contact Shannon Terpak Director with any questions or concerns.
360-386-3114
ShannonT@josephinecc.com

Policy / Procedure

Volunteer Services

Policy

It is the policy of Josephine Caring Community to provide a volunteer program. Volunteers are to be screened and credentialed according to nursing home regulations.

Procedure

Volunteer Services

The Activity/Social Service Director and Activity staff will be available to familiarize you with the policies and procedures of JCC. You will also be oriented to the layout of the facility.

How to become a Certified JCC Volunteer

Community members are encouraged to be a certified volunteer at JCC. To become certified volunteer at JCC follow these steps.

1. Request a volunteer application. Complete it and turn it into the activity director.
2. Complete the Background Check & Information Release. JCC will complete the background check. All volunteers must pass the background check.
3. Read the material on HIPAA and sign the HIPAA acknowledgement.
4. Read the material on Resident's Rights and sign the acknowledgement.
5. Watch the training video on Abuse and Neglect. Passing score on the test is required.
6. Watch the training video on Dementia and Behavior. Passing score on the test is required.
7. According to the CDC report July 13, 1990, "Skin-test negative employees and volunteers having contact (of greater than or equal to 10 hours per week) with elderly residents should periodically have repeat skin tests". Testing frequency depends upon the risk of TB infection in the facility.
8. Volunteers will have a symptom check completed before access to residents and then re-checked annually.
9. All certified activities professionals anniversaries are June 30.
10. Meet with activities professional to schedule visits. Activity professional schedules are completed monthly.

Volunteer Guidelines

1. Be present and on time for every commitment you make. If you find yourself unable to meet an obligation, notify the Activity Director as far in advance as possible. It is very important to sign in the volunteer register and get your name tag at the front door of this facility when you first arrive. All volunteers are to report to an activities professional upon arrival.

2. Respect the rights of each and every resident. When you begin volunteering you will be given a booklet of resident rights. Please review them carefully. Remember to knock before entering a resident's room, and wait for the resident's reply. This is their home.
3. Upon entering a resident's room, remember to always introduce yourself. Never speak of or about the resident as if they were not there or could not understand.
4. Show empathy for our residents, not sympathy. Empathy is the ability to relate to another and understand their feelings without condescension or over involvement.
5. Do live up to the responsibility of your volunteer role. Volunteer work is not something that can be done in a few odd hours when there is nothing more exciting to do. Rather, it is a responsibility that requires an allotment of time and energy.
6. Be sure to respect the confidential aspects of your assignment, and the dignity and privacy of the residents with whom you work.
7. Do become involved, in a warm and natural manner with residents. Do not become over involved. When in doubt, contact the Activity Director.
8. Be optimistic about life in general and the resident's outlook in particular. Don't try to encourage unrealistic goals or attitudes.
9. Be honest and genuine at all times. Be friendly and have fun yourself.
10. Do not show partiality to one resident over another.
11. Dress comfortably for your volunteer assignment. Be comfortable, neat and well groomed.
12. Ask a staff member if there is something you are unsure of or do not understand. Be willing to accept supervision from the professional staff.
13. Regard each resident as an individual. Do respect any cultural, ethnic and personality differences.
14. Never accept gifts from residents. If in doubt, contact the Social Service Director.
15. Do not give food, liquids, candy, cigarettes, matches, or money to any resident without prior approval.
16. Do not offer medical advice to residents.
17. Wash your hands between each resident or equipment use, after the bathroom, when you sneeze/cough, etc.

Volunteer Smoking Policies

A smoking area is provided outdoors. Smoking is not permitted in the facility. Volunteers are not authorized to assist residents with smoking or smoking paraphernalia.

Volunteer Incident Reports

If you should have an accident while you are performing your duties as a volunteer, an Incident Report must be filled out immediately. There are Incident Reports at every nursing station. The Incident Report must be signed by the volunteer and any witnesses to the accident.

Fire Regulations and Disaster Alert Procedures

All volunteers should familiarize themselves with the rules and regulations that are in the Emergency Operations Manual. A copy of this manual is kept at every nursing station and can also be found by asking a department supervisor. In the event of fire or disaster, you are to remain in the area that you are assigned. Volunteers will be asked to assist where needed.

Parking

Parking is available in any of the parking areas marked with a white stripe. Yellow striped parking spaces are for visitors only. Do not park in spaces designated for handicapped.

Volunteer Assets

The following are assets that are important to have to be a quality volunteer:

- It is important to like elderly people. Be aware of their value, not only in their past but also in the present. They can have a perception of the essences of life that cannot be gained from a younger or healthy stance.
- It is important to be able to take illnesses for what they are. Illness is a misfortune, not a disaster. You must be able to look past the disagreeable aspects of "illness," but not ignore them.
- It is important to be able to offer the gift of unhurried time.
- It is important to have a sense of humor.
- It is important to work with the staff at the nursing home. They count on your support and cooperation. When difficulties arise, there are ways of handling them that are beneficial to the resident and the home.
- It is important to face our own aging. Aging is the process that we are all going through each moment. If we are able to face our own aging and mortality, we will be at ease when we witness it.

Wheelchair Safety Rules

Listed below are rules for working with and/or transporting wheelchair bound residents. Please follow them for your own safety as well as the safety of the resident.

- Speak to the resident and make sure he knows you are going to "push" his wheelchair before you begin any movement.
- Never surprise a person by coming up from behind. Introduce yourself, if you feel he does not know you.
- Always lock the wheels when parking a wheelchair.
- Always lock the wheels when the resident is transferring or going to stand.
- Enter and exit the elevator backward. Allow other people to get off before entering.
- Go slowly. There is a danger of running into other residents if you whiz down the hall. Do not cut corners.
- Keep resident's arms and hands within chair---watch elbows when rounding a corner.
- Make sure resident's feet are securely on the pedals. Never transport a resident without foot pedals.
- Keep lap robes and other clothing items out of wheels.
- Never let wheelchair roll down an incline by itself or push and let go of the wheelchair.
- Report unsafe or broken wheelchairs.
- Park empty wheelchair so that doorways are never blocked.
- Park empty wheelchair so that pedals do not stick out in doorways or halls where someone may bump into them and fall.
- Do not leave a resident in the w/c within the area where the doors would close in the event of a fire or electrical outage.
- Watch that catheter drainage tubing is not caught in the wheels.
- Let the resident know when you are leaving him.

**EMPLOYEE/STUDENT/VOLUNTEER
NONDISCLOSURE AGREEMENT**

Josephine Caring Community has a legal and ethical responsibility to safeguard the privacy of all residents and to protect the confidentiality of their health information. In the course of my employment, volunteering at the Facility, I may come into possession of confidential resident information, even though I may not be directly involved in providing resident services.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my employment/assignment with the Facility disclose any resident information to any person whatsoever. I will not permit any person whatsoever to examine or make copies of any resident report or other document prepared by me, coming into my possession, or under my control, or use resident information, other than as necessary in the course of my employment /assignment.

When resident information must be discussed with other healthcare practitioners in the course of my work, I will use discretion to ensure that such conversation cannot be overheard by others who are not involved in the resident's care.

I understand that violation of this agreement may result in corrective action, up to and including discharge.

I also understand that under Federal law, legal charges and monetary fines could be levied against me for certain types of illegal disclosures.

I acknowledge that I have received specific training from the Facility upon hire and that such training will be repeated at least annually.

Printed Name: _____

Signature: _____ Date: _____

Tuberculosis Symptom Screen

Do you have any of the following symptoms? Please select all that may apply:

Symptom(s)	Yes	No
Cough (longer than 3 weeks)		
Coughing up blood (hemoptysis)		
Fever		
Night Sweats		
Unusual Fatigue		
Weight Loss (without trying)		
Loss of Appetite		
Shortness of Breath		
Chest Pain		
Hoarseness		

I know to report the above signs and symptoms to my employer.

Signature

Date

Print Name

Licensed Health Care Provider Signature

Date

** Tuberculosis Symptom Screen modified from the Washington State Department of Health, Healthcare Provider TB Toolkit*