

VALLEY NURSING CENTER VOLUNTEER APPLICATION

NAME: _____ HOME PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYMENT: _____ WORK PHONE: _____

WHO REFERRED YOU TO THIS NURSING HOME? _____

ORGANIZATION OR CHURCH REPRESENTED (IF APPLICABLE): _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

WHY DO YOU WANT TO VOLUNTEER? _____

WHY DID YOU CHOOSE A NURSING HOME? _____

DO YOU HAVE EXPERIENCE WORKING WITH OR AROUND THE ELDERLY? IF SO, PLEASE EXPLAIN: _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO SERVE? _____

WHEN ARE YOU READY TO BEGIN YOUR VOLUNTEER WORK? _____

PLEASE LIST YOUR SKILLS, INTERESTS, HOBBIES, COMMUNITY ACTIVITIES, AND ANY
LANGUAGES YOU SPEAK OTHER THAN ENGLISH: _____

DO YOU USUALLY PREFER WORKING WITH LARGE GROUPS, SMALL GROUPS, ONE-ONE-ONE, OR
INDEPENDENTLY? _____

DO YOU ALREADY HAVE ANY IDEA OF WHAT YOU WOULD LIKE TO DO WHILE VOLUNTEERING HERE? _____

PLEASE GIVE THE NAME AND PHONE NUMBER OF TWO REFERENCES: _____

VOLUNTEER GUIDELINES

THE VOLUNTEER AGREES:

To accept the guidance and decisions of the activity staff.

To carry out duties promptly and reliably.

To use space and equipment only for work assigned and only at authorized times.

To maintain the dignity and integrity of the facility with the public and to honor confidential information.

To accept evaluation and to notify the agency in writing with appropriate notice of extended leave or resignation.

To understand the function of the paid staff, to maintain a smooth working relationship with them, and to stay within the bounds of volunteer responsibility.

To participate in annual in-services provided by the facility.

Signature: _____

Date: _____

ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

IN CONNECTION WITH MY VOLUNTEER DUTIES AT VALLEY NURSING CENTER, I AGREE TO HOLD ALL INFORMATION I MAY ACCESS, CONCERNING STAFF, RESIDENTS, AND FACILITY, CONFIDENTIAL. I WILL NOT DIVULGE ANY INFORMATION TO UNAUTHORIZED PERSONS. I UNDERSTAND THAT THE DIVULGING OF CONFIDENTIAL INFORMATION TO UNAUTHORIZED PERSONS WILL MAKE ME SUBJECT TO EITHER CIVIL ACTION FOR THE COLLECTION OF MONETARY DAMAGES AND OR SUSPENSION OR DISMISSAL.

VOLUNTEER'S SIGNATURE

DATE

ACTIVITY DIRECTOR

I HAVE RECEIVED A VOLUNTEER GUIDEBOOK WITH THE FOLLOWING INFORMATION:

RESIDENTS RIGHTS, SAFETY, FIRE, INFECTION CONTROL, SMOKING REGULATIONS, AND VOLUNTEER RESPONSIBILITIES AND ROLES WITH POLICIES AND PROCEDURES NECESSARY TO CARRY OUT MY DUTIES AS A VOLUNTEER FOR VALLEY NURSING CENTER.

I UNDERSTAND THE INFORMATION CONTAINED WITHIN THE GUIDEBOOK AND AGREE TO ADHERE TO THE RULES OF EACH TOPIC.

VOLUNTEER'S SIGNATURE

DATE

ACTIVITY DIRECTOR