

ACTIVITIES VOLUNTEER APPLICATION FORM								
Facility:								
NAME:		First		Midd	le		Last	
Address:								_
CITY/STATE/Z	Zip							_
Phone:								
How did you	HEAR ABOUT	r us?						
Schedule Pr	eference (p	LEASE CHEC	K APPROPRIA	TE DAYS,	TIMES)		
Days: Morning: Afternoon: Evening	Monday 	Tuesday	Wednesday	y Thur 	sday	Friday	Saturday	Sunday
<u>Volunteer A</u> Assisting/lea								<u>ou)</u>
Arts & Crafts				Reading to residents				
Exercise Classes					_ Religious Programs			
Holiday/Festive Parties				Wii				
Bingo (calling/assisting)				Cooking Groups				
Letter Writing				Table Games(dice/cards etc.)				
Wheelchair Walks					One on One Visits			
Manicures (apply polish)				Computer Word Processing				
Т	Trivia				Reminisce			
R	leading to r	esidents			Gard	ening		
0)ther:							_

*The facility <u>requires</u> a <u>background check</u> if the activities performed by the volunteer are not supervised or are conducted one on one. Please speak with Activity Director for additional forms.



Emergency Contact:

1.	Name:		
	Relationship:	_Phone: Home/Cell	_Phone: Work
2.	Name:		
	Relationship:	_Phone: Home/Cell	_Phone: Work

VOLUNTEER'S BILL OF RIGHTS

- 1. The right to be treated with dignity and respect as a coworker.
- 2. The right to be oriented to the residents, the building, the services, and policies.
- 3. The right to a suitable assignment, with consideration of preferences noted in application
- 4. The right to have guidance, direction, and continuing education from a staff member as volunteer duties increase/change.
- 5. The right to be heard, make suggestions, and express your opinions with staff (not residents).

CONFIDENTIALITY: VOLUNTEERS

It is the policy *of the facility* to:

- 1. Respect residents, family, and employees' right to privacy regarding their personal lives and their experiences while in the facility.
- Ensure that resident information remains confidential and to remind that it is not to be shared outside of the facility.
 (UIDAA: Health Information Portability and Accountability Act)
 - (HIPAA: Health Information Portability and Accountability Act)
- 3. Require all actual or incidental information about residents, families, employees, or facility functions to be kept in strict confidence by volunteers.
- 4. Require all volunteers to sign a confidentiality statement.
- 5. Resolve any concerns from residents, families, visitors, or volunteers. Communicate directly with the Activity Director regarding concerns or suggestions.

I understand and will honor confidentiality policy and rules.

Date

Signature

Parent/Legal Guardian Signature (If under 18 years of age)

Date



REMINDER: VOLUNTEER DO'S& DON'TS

Before Arriving:

<u>DO</u> call the Activity Director (A.D.) if you are ill or unable to volunteer as scheduled. <u>DO</u> keep facility up to date with any change of address or phone numbers. DO wear clean, modest clothes and comfortable closed shoes.

When Arriving:

<u>DO</u> wear your volunteer name badge at all times (if you do not have one...one will be provided).

<u>DO</u> let the A.D. know when you have arrived.

DO leave personal items in a safe area (IE. Car).

<u>DO</u> wash your hands when arriving and leaving. Hand washing is the single most important means of preventing the spread of infection. Wash for 10-15 sec.

With the Residents:

<u>DO</u> respect the rights of each and every resident (Refer to Resident's Rights Board).

<u>DO</u> direct any medical questions residents have to their nurses. <u>Do not</u> offer medical advice.

<u>DO</u> regard each resident as an individual. Respect cultural/ethnic/religious differences.

<u>DO</u> knock on residents' doors, request permission to enter, and wait for resident's reply.

<u>DO</u> remember to introduce yourself (your name and identify yourself as a volunteer).

<u>DO</u> address residents by their formal name or name they wish to be called.

<u>DO</u> remember not to speak around a resident as if they were not there or could not understand.

<u>DO</u> converse with residents at eye level whenever possible.

DO speak clearly.

<u>DO</u> keep conversations uplifting and pleasant.

<u>DO</u> initiate conversations with a greeting, smile, touch or compliment.

DO wash hands between resident contact (VERY IMPORTANT)

<u>DO</u> comply with resident dietary and smoking restrictions. Ask before you supply.

<u>DO</u> politely refuse resident or family gifts and/or money.

<u>DO</u> avoid making any promises you may not be able to keep.

<u>DO NOT</u> sit on resident beds or use resident bathrooms.

<u>DO NOT</u> remove seatbelts and/or enablers on residents even if they ask you to. Ask nursing/staff if there are any questions.

<u>DO NOT</u> make any purchases on resident's behalf, even if requested by resident and money supplied, without specific permission from A.D, as there may be circumstances you are unaware of.



Wheelchair (W/C) Safety Rules

Please follow them for your own safety as well as the safety of the resident.

- 1. Inform resident that you are going to "push" their w/c before you begin any movement and state where you are taking them.
- 2. Never come up from behind and surprise a resident.
- 3. Push slowly. Do not cut corners. Be mindful of surroundings.
- 4. Watch elbows when going around a corner and remind resident to place arms/hands in w/c while escorting to destination of choice.
- 5. Make sure resident's feet are secure on foot rests.
- 6. Never push and let go of the wheelchair or let wheelchair roll down an incline.
- 7. Report unsafe or broken wheelchairs to staff.
- 8. Let the resident know when you are leaving them.
- 9. Do not pull residents backwards down hallway. (OK if going over door threshold for safety)

VOLUNTEER INSERVICE

Tools to effectively interact with someone who has a ...

1. <u>Hearing Impairment:</u>

- a. Some residents utilize the art of reading lips and it is important to face the resident and enunciate words.
- b. It is helpful to decrease the amount of background noise.
- c. When in group activities place near entertainer/speaker.
- d. Write out communication on white board/paper.
- e. Utilize gestures/sign language.
- f. Place closed captioning on TV.
- g. Use amplifier/headphones.

2. Vision Impairment:

- a. If resident has glasses make sure they are clean.
- b. Offer magnifying device(s).
- c. Use "clock method" to describe where things are located.
- d. Offer large print items: including playing cards, newsprint, & books.
- e. Provide audio books, or offer to read to resident.
- f. Due to vision impairment often times it is helpful to describe surroundings to the resident. (i.e. Describe to them sizes/shapes/colors/environment/etc.)



3. Physical Limitation:

- a. Adapt and assist resident as needed/expressed.
- b. Position supplies and materials needed for activity so they are accessible and easily utilized.
- c. Offer to adapt equipment(with examples such as):
 - i. If too heavy for resident to hold a brush find a lighter one
 - ii. Tape a bingo card/art paper to table for ease of participation
 - iii. Assist in holding items for resident

4. <u>Cognitive Impairment:</u>

- a. Cognitive Impairment affects the ability to think, express ideas, and remember.
- b. Break tasks into smaller components. Don't generalize. Provide detailed step by step instructions
- i. i.e. Hand the resident the painting brush then ask (minimal choices) "would you like red or green paint?" Continue segmenting tasks in this way.
- c. Shorten length of activity
- d. Increase/decrease stimulation based on resident's need.
- e. Validate/empathize with thoughts/feelings.
- f. Cue, aid, and assist as needed.
- g. Redirect and regain focus as needed.

5. <u>Behavior Issue(s)</u>:

- a. Alzheimer's and Dementia can cause a variety of behaviors such as being anxious, aggressive, repeating questions or statements, repetitive gestures or movements, inappropriate social behavior, and misinterpreting what is seen or heard.
- b. When a resident exhibits these behaviors:
 - i. Be mindful of the resident's body language (do they appear aggressive)
 - ii. Ask for staff assistance as they are knowledgeable and trained.
 - iii. Remember that not all statements made by residents are accurate. Bring any questions or concerns to A.D.'s attention.
 - iv. Resident's often want to have someone listen to their story/concern. Listen, listen, listen. Reassure and validate resident's concerns.
 - v. Do not correct resident's perceptions, as that may increase confusion and/or agitation.
 - vi. If inappropriate comments or gestures are made, with a normal tone, but firm manner, state something similar to, "That is not acceptable," "Please do not say that (or do that)", etc. Then report the behavior to A.D.

6. Disaster Procedure:

a. If a disaster should occur please assure your own safety, then leave the facility (as our trained staff will assist all residents).



DISCONTUNATION OF VOLUNTEER'S SERVICES

In keeping with our goal for resident centered care and promoting only the most positive opportunities for community interaction and involvement, Compass Health, Inc. reserves the right to discontinue the services of any volunteer at any time in its sole discretion. Reasons for termination of a volunteer's services include, but are not limited to, failure of the volunteer to meet the goals or standards of the Company or for any violation of a company policy (including but not limited to the terms of this agreement).

In-service Completion:

As represented by my signature below, I understand the information concerning *Do's* & *Don'ts*, *W/C safety*, *tools to effectively interact with residents*, and *the facility disaster procedure for volunteers*.

Date

Signature

Date

Parent/Legal Guardian Signature (If under 18 years of age)

In keeping with our goal for resident centered care and promoting only the most positive opportunities for community interaction and involvement, Compass Health, Inc. reserves the right to discontinue the services of any volunteer it deems is not meeting our goals or standards or for any violation of a company policy (including but not limited to the terms of this Agreement).