



# *Volunteer Services Application Packet*

## **Volunteer Services Program**

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Thank you for your interest in volunteering at Fairlawn Haven! We are seeking volunteers who will carry out our facility's vision and mission. Please note we are required by law to complete a screening process and run a background check on all volunteers.

### **WHAT IS A VOLUNTEER?**

At Fairlawn Haven volunteer is a member of a team of individuals who serve without salary under staff supervision and direction. Volunteers are placed in nonprofessional areas and are essential in helping us deliver compassionate care to our residents.

### **VOLUNTEER EXPECTATIONS**

All volunteers attend a special orientation session and receive personal training within the department to which they are assigned. In addition, each volunteer receives an identification badge to wear while volunteering and a Fairlawn T-shirt.

### **GOALS FOR EACH VOLUNTEER**

- Assist staff members with non-professional aspects of their work.
- Enhance the resident care experience by providing a personal touch in a highly technical environment.

### **VOLUNTEER TERMINATION**

All volunteers deemed unsuitable for continued volunteer service will be terminated and prohibited from further volunteer activity at the facility. Volunteers may be terminated for but not limited to the following:

- Breach of Confidentiality
- Disregard for facility and Volunteer Program policies.
- Inability to work well with others.
- Any concern the facility may have for the safety and comfort of our residents and their families.

In addition to the application and forms provided, Fairlawn Haven will require additional health requirements and background check if working more than 10 hours a week.

1. A TB will be required if one hasn't been done within thirty (30) days.
2. A fingerprint/background check will be required.

Upon completion of the application, we will contact you to schedule a Volunteer Orientation. If you have any questions, please call **Sarah at 567-444-5064**.

# VOLUNTEER SERVICES PROGRAM APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact for scheduling:  Call  Text  Email

Do you have a family member employed at Fairlawn Haven?  Yes  No

If you answered yes, please list name of family member: \_\_\_\_\_

Have you ever volunteered or been employed with any Fairlawn Haven or any other contracted agency affiliated with Fairlawn Haven?  Yes  No

Present Occupation/Employer: \_\_\_\_\_

Position/Years of Service: \_\_\_\_\_

Special Training/ Certification: \_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience with any other organizations?  Yes  No

If yes, where? \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In the event of an emergency whom should we notify?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# VOLUNTEER STATEMENT OF AGREEMENT

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As a volunteer, I hereby agree to abide by the volunteer policies and facility rules and regulations and uphold resident confidentiality as I fulfill my role as volunteer. I understand that I will be working with employees and residents. I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as Fairlawn Haven *policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by Fairlawn Haven.*

I further understand that voluntary or involuntary, willful or unwillful violation of this confidentiality will result in my volunteer services being terminated, and may result in legal action to include possible defamation lawsuit, privacy or human rights complaints, copyright, patent or trademark infringement claims, criminal charges with respect to obscene or hate materials, damage to the company's reputation and business interests. The legal responsibility for damages from an inappropriate disclosure could potentially rest with the individual volunteer.

I agree to allow any photographs that I have posed for, to be used by the FCHC for promotional purposes, as needed.

I have read and understand the above and agree to follow these policies and procedures.

**Signature below indicates an acknowledgement of notification of the above notices.**

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fairlawn Employee

\_\_\_\_\_  
Date

# VOLUNTEER SHIFT AVAILABILITY & ASSIGNMENT PREFERENCE

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Please tell us which days and times you are available to provide assistance.

## First Choice

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Morning  Afternoon  Evening  Anytime

## Second Choice

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Morning  Afternoon  Evening  Anytime

Please list any current scheduling obligations: \_\_\_\_\_  
\_\_\_\_\_

How many Hours would you like to serve? \_\_\_\_\_ per \_\_\_\_\_

## HEALTH CONSIDERATIONS

Are there any known health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

## HOBBIES, TALENTS, OR SKILLS

Tell us a little about yourself. What hobbies, talents, or skills do you have that will assist you in a volunteering position?

Art  Music  Reading  Nutrition/Cooking  Ceramics  Gardening

Nature  Knitting/Crochet  Quilting  Aerobics  Religious Services Support

Foreign Languages spoken: \_\_\_\_\_

Other  \_\_\_\_\_

## AREAS OF INTEREST FOR VOLUNTEERING


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Please tell us which areas you are interested in volunteering:

- Assisting with nursing staff as a unit helper on our nursing home floor.
- Assisting with filling water pitchers.
- Assisting with passing meal trays.
- Providing entertainment to our residents by assisting our Activities Department.
- Arts and Crafts Therapy
- Music Therapy
- Spending the day with a resident and simply keeping them company.
- Religious services support and transporting residents to and from chapel services.
- Engaging our residents in conversation by leading discussion groups.
- Gardening
- Library services.
- Other \_\_\_\_\_

# Volunteer Services Program Packet

The following Steps must be completed for every new volunteer:

<b>Required:</b>	
<b>STEP ONE: Complete Volunteer Application Form</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Signed Confidentiality Statement</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Volunteer Availability Statement</li> </ul>	<input type="checkbox"/>
<b>STEP TWO: Volunteer interview Process</b>	<input type="checkbox"/>
<b>STEP FOUR: Volunteer Orientation</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Attend Volunteer orientation session. Policy &amp; Procedures, Dress Code, Schedules, Emergencies or Disaster/Drills, HIPPA, Hand Hygiene, Resident Rights, Dementia Training, Social Media</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Floor Orientation: Facility Tour, Check in</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Identification Badge</li> </ul>	<input type="checkbox"/>

\_\_\_\_\_  
Fairlawn Instructor, Orientation Policies & Procedures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fairlawn Instructor, Floor & Tour Orientation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*I understand that before volunteering in an area, a completed general orientation and training is required. General orientation is provided by a designated, experienced employee.*