



Heritage Corner Health Care Campus **VOLUNTEER WELCOME**

WE WOULD LIKE TO THANK YOU FOR SHARING YOUR TIME, KNOWLEDGE, AND CARING WITH OUR CLIENTS.

WE HOPE THAT YOU GAIN AS MUCH SELF-SATISFACTION FROM YOUR VOLUNTEER EXPERIENCE AS OUR CLIENTS WILL RECEIVE FROM A NEW RELATIONSHIP WITH YOU.

OLDER PEOPLE HAVE SO MUCH TO GIVE KNOWLEDGE, EXPERIENCE AND LAUGHTER ARE JUST A FEW OF THE THINGS THAT YOU WILL SHARE WITH OUR CLIENTS DURING YOUR VOLUNTEER HOURS.

THE GOAL OF THE HERITAGE IS TO GIVE THE CLIENTS AND THEIR FAMILIES THE BEST CARE POSSIBLE. THIS INCLUDES LOVE AND CONCERN FOR THEIR WELL BEING. NO ONE HAS GOOD HEALTH IF THEY ARE LONELY AND UNLOVED.

WE HOPE YOU CAN HELP US IN OUR CONTINUOUS ENDEAVOR OF MEETING THE INDIVIDUAL NEEDS OF OUR CLIENTS. WE, IN TURN, HOPE TO MEET YOUR NEEDS.

THANKS AGAIN,
Brittany George, ACTIVITIES DIRECTOR; VOLUNTEER COORDINATOR

SO YOU WANT TO BE A VOLUNTEER?

VOLUNTEERS CAN:

- *PROVIDE ROOM TO ROOM VISITS
- *READ MAIL TO CLIENTS WITH PERMISSION.
- *INVITE CLIENTS TO ACTIVITIES.
- *PLAY CARDS OR OTHER GAMES WITH CLIENTS.
- *ASSIST CLIENTS IN ACTIVITIES-BINGO, COOKING, CRAFTS, ETC.
- *WRITE A LETTER FOR CLIENTS.
- *ASSEMBLE NEWSLETTERS, HELP STAFF SIMPLIFY ACTIVITIES, ASSIST STAFF.
- *ATTEND ACTIVITY OUTINGS WITH CLIENTS.
- *SHARE YOUR TALENTS:
SINGING PLAYING PIANO, LEADING A CARD GAME, SHARE A HOBBY, SPEAK ON AN INTERESTING TOPIC.
- *READ THE NEWSPAPER TO A CLIENTS.



VOLUNTEER MANUAL

VOLUNTEER RULES

ANY INFRACTION OF THE VOLUNTEER RULES CAN GET A VOLUNTEER EXCUSED FROM DUTY FOR A DAY OR EXCUSED PERMINANTLY.

Volunteer Shifts

Volunteers over the age of 18 may work no more than 8 hours a day, with a half hour lunch and two fifteen minute breaks.

Volunteers between the ages of 13 and 17 may work no more than 6 hours a day, with two fifteen minute breaks.

Volunteers under the age of 13 may work no more than 4 hours a day, with one fifteen minute break.

Personal Protocol

Dress Code:

Dress appropriately – jeans and t-shirts are acceptable.

No slogans or characters on clothing.

Volunteers must wear closed toe shoes.

Lockers:

Every Volunteer is provided a locker to store coats, purses, etc. Volunteer must provide their own lock.

Behavior:

All Volunteers must behave in a manor deemed appropriate by the Volunteer Coordinator, Activities Director, or any member of the Administrative Staff of Heritage (i.e. no running or horse play).

Be respectful to the clients at all times. This means referring to them as Mr. or Mrs., no nicknames. The client may call the volunteer by a nickname if he/she wishes.

Under no circumstances is a volunteer allowed to except a monetary gift or any purchased gift. Hand made gifts and baked goods may be accepted.

Weapons:

There are to be no weapons on Heritage property at any time, this includes the building, parking lot, and yard. Any infraction of this rule will cause excuse of all volunteer status at Heritage. If a child (anyone under the age of 18) is found with a weapon it will be reported to that child's parent/guardian.

Thank you for choosing to volunteer at the Heritage. We hope you enjoy the experience.

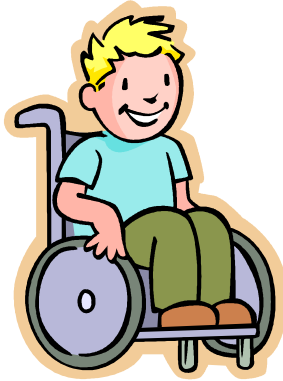
CONFIDENTIALITY

CONFIDENTIALITY IS IMPORTANT FOR VOLUNTEERS AT THE HERITAGE TO FOLLOW. PART OF YOUR DUTIES AS A VOLUNTEER IS RESPECTING THE CLIENTS' RIGHTS, INCLUDING THE RIGHT TO PRIVACY. CLIENTS MAY CONFIDE IN YOU, SO ANY INFORMATION YOU LEARN FROM OR ABOUT CLIENTS IS CONFIDENTIAL. THIS INCLUDES, BUT IS NOT LIMITED TO, CLIENTS HEALTH CONDITIONS, EMOTIONAL STATUS, PROBLEMS THEY ARE HAVING, ETC. INFORMATION YOU HEAR WHILE VOLUNTEERING, OR SEE IN DOCUMENTATION, IS ALL CONFIDENTIAL.

- ~You are considered an employee when it comes to volunteering and spending time with the clients**
- ~You are expected to be on time even a couple minutes early when you are signed up/ scheduled to be here**
- ~Your phones and personal items need to be put away at all times during your volunteering time (there are cameras I watch)**
- ~You are to run the group scheduled and in down time do 1:1 social visits with the clients**
- ~All staff members will report to me with anything they see out of line**
- ~ If you are going to be late or can't make your volunteering time text me 419-409-0707; I understand life happens**

AS A VOLUNTEER OF THE HERITAGE, I AGREE TO ABIDE BY THE TERMS OF CONFIDENTIALITY AS THEY HAVE BEEN EXPLAINED TO ME IN THE VOLUNTEER MANUAL.

Signature of Volunteer



Wheelchair Safety Rules

1. Speak to the client and make sure they know you are going to “push” their wheelchair before you begin any movement. Never surprise a person by coming up behind them. Introduce yourself if you feel the client doesn’t know you.
2. Always lock the wheelchair when you park it.
3. Do not help a client into or out of a wheelchair.
4. GO SLOWLY. There is a danger of running into other clients if you speed down the hall. Don’t cut corners.
5. Keep clients hands in the wheelchair--- watch elbows when turning.
6. Make sure clients feet are securely on the pedals, if there are pedals.
7. Never let wheelchair roll down an incline or push and let go of the wheelchair.
8. Report unsafe or broken wheelchairs to a nurse.
9. Park empty chairs so they are out of the way.
10. Let the client know if you are going to leave them.

Please Return This Portion To Brittany Before Your First Volunteering Experience at Heritage. Thank You.

_____ I agree to abide by all rules in Heritage Corner Volunteer Manual and packet

_____ I understand that any infraction of the rules will get me dismissed as a volunteer

_____ I agree to abide by the terms of confidentiality

_____ I understand Heritage Corner has the right to refuse my services as a volunteer

_____ I will not hold Heritage Corner responsible for any injury or harm that I may encounter as a volunteer at the Heritage

Volunteer

Heritage Corner Health Care Campus Volunteer Application

Applicant Information

Name: _____

Address: _____

Primary Phone Number: _____

Primary Email Address: _____

Date of Birth: ____/____/____ Under 18 – Parent/Guardian Signature: _____

General Information

Emergency Contact: _____

Name

Relationship

Telephone #

Are you applying as an: Individual Adult Individual (Youth) Organization

Have you ever been convicted of a crime? Yes No

If yes, please provide date(s) and identify offense(s): _____

Current Employer/School: _____

Volunteer Information

Why do you wish to volunteer at Heritage Corner? _____

What prior volunteer experience do you have? _____

Do you have any prior experience working with individuals who have Alzheimer's disease or related dementia? Yes No If yes, please describe:

What skills, interests, or hobbies would you like to share with others? _____

Specify days and hours you are available to volunteer:

Monday: time: _____

Friday: time: _____

Tuesday: time: _____

Saturday: time: _____

Wednesday: time: _____

Sunday: time: _____

Thursday: time: _____

References

Please list two references.

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____

Volunteer Terms of Agreement

Gift Acceptance Statement

It has been explained to me and I understand that as a volunteer at Heritage Corner, I am not allowed to accept money including gifts or tips from any client.

Confidentiality Statement

All Residents have Rights and Responsibilities including the right to privacy. As a volunteer, I may learn confidential information about the clients. I must uphold each Client's Right to Privacy by keeping these matters confidential. I agree to comply with these confidentiality obligations.

Volunteer Authorizations

I authorize Heritage Corner to obtain information from schools, listed references, or other individuals and institutions it contacts regarding the information I have provided on this application. I agree to follow the established guidelines outlined here and in the Volunteer Orientation Guide.

Signature: _____ Date: _____

