

Hazel Findlay

Volunteer Services Application Packet

Hazel Findlay

*1101 S. Scott Road
St. Johns, MI 48879
989.224.8936*

Volunteer Services Program

Thank you for your interest in volunteering at Hazel Findlay! We welcome volunteers to support and carry out our mission ***to help people live to their highest potential as individuals who seek independence, good health and personal fulfillment.*** We are required by law to complete a screening process and run a background check on volunteers.

WHAT IS A VOLUNTEER?

A Hazel Findlay volunteer is a team member who serves without salary under staff supervision and direction. Volunteers are placed in nonprofessional areas and are essential in helping us provide contented involvement for our residents socially, mentally and physically.

VOLUNTEER EXPECTATIONS

Volunteers attend a special orientation session and receive training. In addition, each volunteer receives an identification badge to wear while volunteering.

GOALS FOR EACH VOLUNTEER

- Assist staff members with non-professional aspects of their work.
- Enhance residents' contented involvement and quality of life by helping provide meaningful recreation and social opportunities as directed by the Certified Therapeutic Recreation Specialist (CTRS) or designee.

VOLUNTEER TERMINATION

Volunteers deemed unsuitable for 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 residents, responsible parties and/or staff's well-being and comfort.

COVID-19 Vaccination Proof or Exemption from COVID-19 Vaccine

The Federal Government mandates regular visitors providing services to a Skilled Nursing Center (which Hazel Findlay is) must provide proof of vaccine OR exemption of vaccine for the facility to log during its routine National Safety Health Network (NHSN) reporting.

Please be prepared to provide Hazel Findlay your COVID-19 vaccination record **OR** exemption from the COVID-19 vaccine for volunteers who will be in close physical contact with residents. *If volunteers are not in the building and do not have access to residents, they are not requested to provide the COVID-19 vaccination proof.*

We will contact you for an interview and a background check. When volunteer criteria has been met, we will schedule your Volunteer Orientation. Please bring your photo ID to orientation and you will be issued an identification badge. If you have any questions please call 989.224.8936.

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EMERGENCY OPERATIONS PROCEDURES

Volunteers will receive Emergency Operations Procedure training. Volunteers primary directive is to keep themselves healthy and intact and stay out of the way of staff and/or emergency responders.


Remain calm. Listen to the paging. Plain language will be used – you will understand what emergency is occurring and directions will be provided.

When in doubt, volunteers are asked to follow staff to exits or to nurse stations for further directions.

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Volunteer Services Program Packet

The following Steps must be completed for every new volunteer:

Required:	
STEP ONE: Complete Volunteer Application Form	<input type="checkbox"/>
<ul style="list-style-type: none"> • Signed Confidentiality Statement 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Volunteer Availability Statement 	<input type="checkbox"/>
STEP TWO: Volunteer interview Process	<input type="checkbox"/>
STEP THREE: Background Check Process	<input type="checkbox"/>
<ul style="list-style-type: none"> • Three Verified Reference Checks 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Criminal Conviction History Check 	<input type="checkbox"/>
STEP FOUR: Volunteer Orientation	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Attend Volunteer orientation session – Abuse & Neglect Identification and Reporting; Elder Justice Act; Infection Control; HIPPA; Emergency Operations 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Volunteer Orientation Checklist completed and signed off by instructor(s) 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Copy of COVID-19 vaccination record OR COVID-19 medical or religious exemption. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Identification Badge/ Parking information 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Facility Tour and Department Orientation 	<input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Other 	<input type="checkbox"/>

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VOLUNTEER SERVICES PROGRAM APPLICATION

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Street Address: _____

(City) (State) (Zip Code)

Home Phone: () _____ OK to contact?

Cell Phone: () _____ OK to contact?

Date of Birth: _____ Email Address: _____

Do you have a family member employed at Hazel Findlay? Yes No

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

Have you ever volunteered or been employed with Hazel Findlay or any other contracted agency affiliated with Hazel Findlay? 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: _____

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INVESTIGATION FOR CRIMINAL CONVICTION HISTORY

When considering individuals for volunteer services, conviction and/or criminal history records are reviewed as required by Federal & State regulations. This increases potential well-being for well-being and security of employees, residents, responsible parties, public visitors and Hazel Findlay property. Conviction information must be disclosed before an applicant is considered for volunteering, which may involve unsupervised access to developmentally disabled or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for volunteer services.** Each case will be given individual consideration.

Name (Last)	(First)	Middle)
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Other Names/Alias (Married, Maiden)

Social Security No.:	Date of Birth (mo/day/yr):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes or crimes related to drugs? Yes No

Have you ever been convicted of any of the following crimes listed below? Yes No

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) <input type="checkbox"/> Burglary (1 st degree) <input type="checkbox"/> Child Abuse of Neglect <input type="checkbox"/> Child Molestation <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment <input type="checkbox"/> Custodial Interference <input type="checkbox"/> Extortion <input type="checkbox"/> Forgery	<input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure- Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder (1 st /2 nd degree) <input type="checkbox"/> Promoting Prostitution <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery <input type="checkbox"/> Rape	<input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance? Yes No

Have you even been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
 Yes No

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service? Yes No

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Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations? Yes No
 If yes, indicate conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment is you do not complete and sign this form.

I certify that the information contained in above-stated information is true, correct, and completed to the best of my knowledge. I understand that consideration for volunteer services and the continuation of subsequent volunteering depend on true, accurate and complete representation of these facts as stated or implied in application-related materials. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service. I authorize Hazel Findlay to make inquiries regarding my education, work experience, references, and any criminal conviction history. I understand that acceptance for volunteer services may be conditioned on the receipt of a satisfactory criminal conviction report from law-enforcement related agencies.

Signature _____ Date _____

Facility Instructions: Use the above information to complete the Criminal History Check Form. Place the copy in the Volunteer’s personnel file.

FOR FACILITY USE ONLY

<input type="checkbox"/> Criminal Convictions History Completed	Date:	By:
<input type="checkbox"/> Eligible for hire	<input type="checkbox"/> Ineligible for hire	
Findings:		
<input type="checkbox"/> Nurse Aide Registry Checked	Date:	By:
Findings:		

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VOLUNTEER STATEMENT OF CONFIDENTIALITY

Confidentiality is safeguarding resident information including written, video, audio, or other computer stored information disclosure without consent of the resident and/or the resident's representative.

During the course of my work as a volunteer, I may develop, use, maintain, or have incidental contact with or access to information related to: residents, caregivers, employees, providers, financial data, and/or other information pertaining to:

- ❖ ***Hazel Findlay business or operations, including trade secrets, that is confidential.***

I understand and agree that in performing duties as a volunteer of this facility:

- ❖ Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of *Hazel Findlay* and is to be considered strictly confidential unless specified otherwise. I will not discuss company information.
- ❖ I will hold medical information regarding any past, present or future resident, and company information in the strictest confidence per HIPPA.
- ❖ I further understand information concerning written procedures, plans, computer hardware, programs and software, and manuals including this and other policy manuals, are the confidential property of this facility and must not be disclosed to individuals or entities outside the company either during or after my volunteer service has ended.
- ❖ The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with *Hazel Findlay*.
- ❖ This agreement is valid for individuals with access to confidential information, regardless of employment status.
- ❖ I understand residents have a right to personal privacy and confidentiality of personal and medical records including accommodations, medical treatment, written and telephone communications, personal care and family meetings.
- ❖ I further understand that voluntary or involuntary, willful or unwilful violation of confidentiality will result in termination of my volunteer services, and may result in legal action including 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 unauthorized disclosure could potentially rest with the individual volunteer.

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I understand that violations of *Hazel Findlay policies and procedures include, but not limited to:*

- ❖ Accessing, using or disclosing confidential information that is not within the scope of my authority, job, or responsibilities to *Hazel Findlay*, or otherwise not permitted by written policy or direct consent by the CEO.
- ❖ Leaving confidential information in any form in an unsecured location or environment.
- ❖ Failure to secure a computer workstation when leaving the work area.
- ❖ If applicable: Disclosing my computer system user ID and password combination to another person for any reason or using another person's computer system user ID and password combination.
- ❖ Discussing confidential information in a public place or with persons not authorized to receive such information.

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 and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as *Hazel Findlay policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by Hazel Findlay.*

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

Volunteer's Name: First MI Last (please print)

Volunteer's Signature

Date

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VOLUNTEER SHIFT AVAILABILITY & ASSIGNMENT PREFERENCE

Which days and times would you prefer to volunteer?

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 current scheduling obligations: _____

How many hours would you like to serve? _____ per (week, month) _____

HEALTH CONSIDERATIONS

Are there known health concerns, allergies, physical limitations you need reasonable accommodation for as a volunteer?

HOBBIES, TALENTS, OR SKILLS

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

Art Music Reading Nutrition/Cooking Ceramics Gardening

Nature Knitting/Crochet Quilting Aerobics Religious Services Support

Foreign Languages spoken: _____

Other _____

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AREAS OF INTEREST FOR VOLUNTEERING

Which areas interest you?

- Helping transport residents to and from the facility to the community.
- Engaging our residents in conversation by leading discussion groups.
- 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.
- Assisting with rehabilitation services.
- Religious services support and pastoral visits.
- Gardening
- Other _____

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PERSONAL OR PROFESSIONAL REFERENCES

Please provide names and email addresses of three people who are not family members or significant others. References can be personal or professional in nature.

I authorize my reference to release information they may have concerning my volunteering.

1. Name _____ Phone: _____

Home Address: _____

Email Address _____ Relationship _____

2. Name _____ Phone: _____

Home Address: _____

Email Address _____ Relationship _____

VOLUNTEER HEALTH REQUIREMENTS

Must be able to push, pull, lift up to 10 pounds to efficiently evacuate self from facility during an emergency event and/or to hold doors and assist in an emergency evacuation.

Hazel Findlay requires volunteers to have proof of immunity to the following:

- ❖ Annual flu vaccination: Volunteers may refuse the flu vaccination yearly.
- ❖ COVID-19 vaccination: Up to date vaccination required for volunteers OR a religious or medical exemption.

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