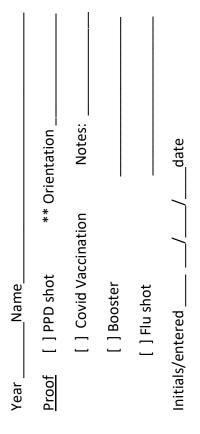
# VOLUNTEER APPLICATION





Livingston County Center for Nursing and Rehabilitation 11 Murray Hill Dr. Mt. Morris, NY 14510 Peter Donlon, Leisure Time Activities Director (585) 243-7222 pdonlon@co.livingston.ny.us

#### **Volunteer Requirements**

Here is what you need to do to become a volunteer:

- Complete an annual personal and confidential health screening with our nurse, including a tuberculosis skin test (PPD)
- Fill out this Volunteer application complete, and return it.
- Once your application is received, the activity director or designee will contact you to schedule an interview.
- You will have to attend an orientation
- You need to be at least 14 years old with parental consent form up until 16 years old. (See last page)



### **Volunteer Application**

Name						
Address				Home Phone #	Home Phone #	
City		_State	Zip	Cell #		
		EME	RGENC	CY CONTACT	Γ	
Name				1		
Address				Home Pho	one #	
Dav(s) and	time preferenc	e(s):				
Morning:	Afternoo	on:	Eve	nings:		
Monday	Tuesday	Wed	lnesday	Thursday	 Friday	
	Sunday					
Assist Playin Assist Transp progr Garde Assist	porting resider ams and/or in- ening, tending t residents dur g residents for	taff with games with simust to achieve a water ing schemes.	nple competivity proappointme ering flowed	outer tasks (emaingrams, special elents for pots throughout poping trips wheelchair	vents, Religious	
Assist	with voluntee	r cleric	al suppor	t		
				ceramics, crafts,	reading group.	
Resid	ent Craft Club	(Sunda	ay Afterno	oons)		
Other				·		



#### Health Screen for Volunteers

Name	(Please provide a copy of your card)  1 <sup>st</sup> date 2 <sup>nd</sup> date Booster Brand:
This volunteer had a Mantoux/PPD on	
for Nursing and Rehabilitation. Mantoux/PPD site	e done by
Please read and record results and sign.  Results Signature	
Have you ever been treated for or had an indication o health assessment? Please indicate YES or NO—if ye	· · · · · · · · · · · · · · · · · · ·
A. Food or drug allergies Yes or No	
B. Heart trouble, chest pain, high blood pressure or al	
C. Nervous or mental disorder, severe headaches Yes	or No
D. Pleurisy, Chronic cough, spitting of blood Yes or	No
E. Diabetes, sugar in Urine Yes or No	
F. Arthritis, Rheumatism, Back or Spine disorder Yes	s or No
G. Hernia Yes or No	
H. Impaired vision or hearing Yes or No	
I. Have you had surgery? Yes or No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J. Have you used sedatives or narcotics habitually or alcoholism? Yes or No	
K. Have you recently had a close association with any	yone having TB and/or other
infectious diseases? Yes or No	
L. Do you take medications routinely? Yes or No	<del></del>
M. Have you ever had an abnormal x-ray or electroca	ardiogram Yes or No
N. Rash or other skin conditions? Yes or No	
O. Do you have any reason to believe you are not in a Further explanation(s)	
The forgoing report is an accurate summary of my heal	th assessment to the best of my knowledge
Volunteer Signature Date	



#### **Volunteer Confidentiality Agreement**

I understand that Federal Law requires the Center to protect health information and the personal privacy of its' Residents. The Health Insurance Portability and Accountability Act (HIPAA) provides these protections.

I understand that any and all information I may acquire as a volunteer concerning Residents, Center and Personnel must be held in strict confidence.

As represented by my signature below, I agree to comply with HIPAA requirements. I understand that I will be removed from the volunteer program if I am found to have violated these requirements.

Name	Date	
Signature		



## ACTIVITIES CONSENT FORM FOR MINOR VOLUNTEER

I,	, Parent/ Guardian of
	give my consent for my son/daughter to participate in the Livingston County of for Nursing and Rehabilitation volunteer program.
	rstand my son/daughter will provide ( ) hours of service per week and will pate only in the following activities:
A A B A A	riendly visitor / 1:1 resident visits ssisting Activity staff with programs laying cards/ board games ssisting residents with simple computer tasks (email, skype) ransporting residents to activity programs, special events, Religious rograms and/or in-house appointments ardening, tending & watering flower pots throughout center ssist residents during scheduled shopping trips aking residents for walks or push wheelchair ssist with volunteer clerical support conduct a resident class in painting, ceramics, crafts, reading group other
	e of an Emergency please contact: E PRINT)
1) Nam	ePhone ( )
2) Nam	ePhone( )
3) Nam	ePhone( )
	Date
Signa	ture of Parent or Legal Guardian