CARING HEARTS

Senior Services
Volunteer Application Form

BACKGROUND: y/n

NAME: _____ _____ ___
First Last M I

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US?

_____

SCHEDULE PREFERENCE (PLEASE CHECK APPROPRIATE DAYS/TIMES)

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:	_____	_____	_____	_____	_____	_____	_____
Afternoon:	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

VOLUNTEER ACTIVITIES OF INTEREST (PLEASE CHECK WHICH VOLUNTEER AREAS INTEREST YOU)
Assisting with the following activities in a client's home:

_____	Cooking	_____	Baking
_____	Firewood	_____	Transportation
_____	Companionship	_____	Assist with appointments
_____	Gardening	_____	Running errands
_____	Cleaning	_____	Arts & Crafts
_____	Lawn Care	_____	Holiday Decorating
_____	Reading	_____	Letter Writing
_____	Home Repairs	_____	Chimney Cleaning
_____	Shoveling Snow	_____	Fundraising
_____	Other:	_____	Other:

**HOW requires a background check if the activities performed by the volunteer are not supervised or are conducted one on one with a client. Please speak with Volunteer Director for additional information.*

CARING HEARTS

Senior Services
Volunteer Application Form

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 clients, staff, volunteers 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 Volunteer Director as volunteer duties increase/change.
5. The right to be heard, make suggestions, and express your opinions with the volunteer director (not clients).

CONFIDENTIALITY: VOLUNTEERS

It is the policy *of HOW* to:

1. Respect clients', family, staff, and volunteers' right to privacy regarding their personal lives and their experiences while you are a volunteer.
2. Ensure that client information remains confidential and is not to be shared outside of the organization.
   (HIPAA: Health Information Portability and Accountability Act)
3. Require all actual or incidental information about clients, 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 clients, families, employees or volunteers. Communicate directly with the Volunteer Director regarding concerns or suggestions.

I understand and will honor confidentiality policy and rules.

_____

Date Signature

_____

Date Parent Signature (17 & under

CARING HEARTS

Senior Services

Volunteer Application Form