



**VOLUNTEER SERVICES APPLICATION**

First and Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Okay to contact?

Home Phone: \_\_\_\_\_ Okay to contact?

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a family member employed at Bethany Home?      Yes      No

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

Have you ever volunteered or been employed at Bethany Home?      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 who should we notify?

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

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



The following steps must be completed for every new volunteer (internal use only):

<b>Required:</b>	<input checked="" type="checkbox"/>
<b>Step one:</b> Complete volunteer application form	
Signed confidentiality statement	
Volunteer availability statement	
<b>Step two:</b> Volunteer interview process	
<b>Step three:</b> Background check process	
Three reference checks	
Criminal conviction history check	
<b>Step four:</b> Volunteer orientation	
Attend volunteer orientation session	
Volunteer orientation checklist	
Copy of vaccination records (t-dap, MMR, varicella, tuberculosis screening, flu shot)	
Identification badge/parking	
Facility tour and department orientation	
Other	

### INVESTIGATION FOR CRIMINAL CONVICTION HISTORY

When considering individuals for volunteer services, conviction/criminal history records are reviewed as they relate to the content and nature of the work and safety and security of the employees and residents, the public, and Bethany Home property. This conviction information must be disclosed before an applicant can be considered for volunteering which may involve unsupervised access 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 (first, middle, last): \_\_\_\_\_

Other names/alias (married, maiden): \_\_\_\_\_

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



Sex:    Male                      Female

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

- |                                     |                              |   |
|-------------------------------------|------------------------------|---|
| • Arson (First Degree)              | • Indecent exposure – felony | • Selling/distributing erotic material to a minor |
| • Assault, Custodial                | • Indecent liberties         | • Sexual exploitation of a minor                  |
| • Assault, Simple                   | • Kidnapping                 | • Sexual exploitation with a minor                |
| • Assault (1/2/3 Degree)            | • Malicious harassment       | • Theft   |
| • Burglary (1 <sup>st</sup> Degree) | • Manslaughter               | • Unlawful imprisonment                           |
| • Child abuse or neglect            | • Murder, aggravated         | • Vehicular homicide                              |
| • Child molestation                 | • Murder (1/2 degree)        | • Violation of child abuse restraining order      |
| • Criminal abandonment              | • Promoting prostitution     |   |
| • Criminal mistreatment             | • Prostitution               |   |
| • Custodial interference            | • Robbery                    |   |
| • Extortion                         | • Rape                       |   |
| • Forgery                           |                              |   |
| • Incest                            |                              |   |

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 ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexual 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



Aside from the 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 all conviction dates, prison release date(s), and the nature of the offense(s).

**You will not be considered for employment if you do not compete and sign this form.**

I certify to 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 all 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 Bethany Home 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 \_\_\_\_\_

**VOLUNTEER STATEMENT OF CONFIDENTIALITY**

Confidentially is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized 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 any other information pertaining to Bethany Home business or operations, including trade secrets, that is confidential.

I understand and agree that in performance of my duties as volunteer at Bethany Home:



- Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of Bethany Home and is considered to be strictly confidential unless specified otherwise.
- I will hold medical information regarding any past, present, or future resident, and company information in the strictest confidence.
- I further understand all information concerning written procedures, plans, computer hardware, programs and software, and manuals including this and all 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.
- This confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with Bethany Home.
- This agreement is valid for all individuals with access to confidential information, regardless of employment status.
- I understand that the resident has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care, and meetings with family.
- I further understand that voluntary or involuntary, willful or unwilful 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 of damages from any inappropriate disclosure could potentially rest with the individual volunteer.

I understand that violations of Bethany Home 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 Bethany Home, or otherwise not permitted by written policy.
- Leaving confidential information in any form in an unsecured location or environment.
- Failure to properly secure a computer workstation when leaving the immediate work area.
- Disclosing my computer system user ID and password combination to another person for any reason or using another person's computer user ID and password combination.
- Discussing confidential information in a public place or within 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 a volunteer. I understand and agree that I am solely responsible for knowing, understanding, adhering to, and complying with the terms and the above agreement as well as Bethany Home policies, policy of compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by Bethany Home.

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

Volunteer's Name (First, MI, Last) \_\_\_\_\_

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

**VOLUNTEER SHIFT AVAILABILITY AND ASSIGNMENT PREFERENCE**

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

**First Choice**

Monday	Morning
Tuesday	Afternoon
Wednesday	Evening
Thursday	Anytime
Friday	
Saturday	
Sunday	

**Second Choice**

Monday	Morning
Tuesday	Afternoon
Wednesday	Evening
Thursday	Anytime
Friday	
Saturday	
Sunday	



**Third Choice**

- |           |           |
|-----------|-----------|
| Monday    | Morning   |
| Tuesday   | Afternoon |
| Wednesday | Evening   |
| Thursday  | Anytime   |
| Friday    |           |
| Saturday  |           |
| Sunday    |           |

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**

Please tell us which areas you are interested in volunteering:

Assisting with nursing staff as a unit helper on our nursing home floor  
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  
Clerical support such as answering telephones, data entry, filing, and taking messages  
Gardening  
Library services  
Other

**PERSONAL OR PROFESSIONAL REFERENCES**

Please provide names and email addresses of three people who are not family members or significant others. References may be personal or professional in nature. I authorize my reference to release any information they may have concerning my volunteering.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_





Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

### **VOLUNTEER HEALTH REQUIREMENTS**

Bethany Home requires all volunteers to have proof of immunity to the following:

- Varicella (Chicken Pox): Varicella vaccine is given to those that have been identified as non-immune to chickenpox.
- MMR (Measles, Mumps, and Rubella): MMR vaccine is given to those identified as non-immune to measles, mumps, and rubella.
- T-dap (Tetanus, Diphtheria and Pertussis Whooping Cough): T-dap vaccine is available for those who are not current.
- Tuberculosis Testing: T-spot blood draw and monitoring for positive tests required.
- Annual flu vaccination: Volunteers may refuse the flu vaccination yearly.
- Covid-19 vaccination: up to date vaccination required for all volunteers.