 **Volunteer Program Process**

A volunteer is someone who consistently and regularly runs programs for our residents and who has direct interaction with the residents at a Benchmark Community and does so without compensation or expectation of compensation.

Those who come in to perform, give a sermon, presentation, etc., but do not do so on a regularly scheduled basis and who do not provide care or contact to the residents are not considered volunteers.

**Requirements**

Volunteers must meet the follow requirements:

1. Must be at least 16 years of age, unless accompanied by a department head
2. Must complete volunteer application and a background check if over 18 *(According to the state regulations those in Connecticut must present a PPD test or documentation clearing them from communicable diseases).(*

Benchmark Volunteers:

1. Must wear a nametag while in the community
2. Maintain confidentiality.
3. Shall not be permitted to access, review, disclose, or use confidential information to which they may be exposed while serving as volunteers, whether this information concerns staff, volunteers, or other persons, or involves overall Benchmark business.

Training:

1. Review attached checklist with all Volunteers
2. Give all new Volunteers a tour of the community
3. Introduce volunteers to the associates and Residents
4. Review standard Benchmark policies
5. Train volunteer on specific task/activity he or she will be assisting
6. Keep an up to date binder with all Volunteer Applications.

** Volunteer Application**

**PERSONAL INFORMATION**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Why are you interested in volunteering? Personal interest  Educational Internship

Community Service Hours Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_over 18 \_\_\_\_under 18

**Emergency Contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_

**INTEREST/ AVAILABILITY**

What days are you available? Mondays Tuesdays Wednesdays Thursdays Fridays

Saturdays Sundays

What times are you available? Mornings Afternoons Evenings

What interests you (check all that apply)?  Arts  Photography  Games

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sports  Music  Dance

Administrative Computers/Social Media

Date you can begin services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Please list two Professional References:

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

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **AUTHORIZATION AND AGREEMENT BY** |
| 1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program. 2. I consent to having Benchmark Senior Living complete a criminal background check prior to volunteering. 3. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature (required if UNDER 18 years of age) Date |

 **Volunteer Training Checklist**

|  |  |  |
| --- | --- | --- |
| **Topic Reviewed** | **Date Reviewed** | **Reviewer** |
| 1. Access- signing in and out with Supervisor on duty |  |  |
| 1. Access- parking is permitted in certain spaces as designated by the ED |  |  |
| 1. Access- Break room |  |  |
| 1. Identification- a name badge must be worn at all times |  |  |
| 1. Dress Code- Volunteers must wear clean, neat work clothes with appropriate shoes |  |  |
| 1. Dress Code- appropriate personal hygiene must be maintained including hair and nails |  |  |
| 1. Conduct- Volunteers must conduct themselves in a professional and courteous manner at all times |  |  |
| 1. Conduct- the use of alcohol and/or drugs is strictly prohibited |  |  |
| 1. Conduct- smoking is permitted only in designated areas as noted by the ED |  |  |
| 1. Emergencies- call 911 in event of a medical emergency |  |  |
| 1. Emergencies- notify a nurse in event of a fall, significant change of condition, a resident is missing |  |  |
| 1. Emergencies- review fire or other natural disaster, procedures |  |  |
| 1. Emergencies- Location / use of Emergency Book and first aid |  |  |
| 1. Programming- train volunteer on appropriate programming volunteer will be conducting |  |  |
| 1. Programming- train volunteer on proper assistance of residents |  |  |
| 1. Programming- make sure volunteer knows supervisor on duty |  |  |
| 1. Programming- review material on dementia and aging |  |  |

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Resident Name Volunteer Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AD Date Completed