APPLICATION FOR VOLUNTEER SERVICE

Name____________________ Soc Sec No.____________________

Address____________________ Zip______ Phone______________

Business Address____________________ Zip______ Phone______________

Person to notify in case of emergency____________________

What are your interests?____________________

Language spoken other than english____________________

Volunteer experience____________________

Referred by/Reference____________________

Community affiliations____________________

Availability for Volunteer Service: M T W T F S S

Prefer: Morning Afternoon Evening Birthday______________

PLEASE PUT AN (X) BESIDE THE VOLUNTEER SERVICE IN WHICH YOU MIGHT BE INTERESTED:

____ Distribute magazines/books
____ Birthday recognition
____ Exercise/leader or helper
____ Table games
____ New resident friend
____ Music/leader or helper
____ Manicurist or grooming class
____ Religious activities
____ Gardening/leader or helper
____ Poetry or literature activities
____ Show slides or film/travelouge
____ One on one visits

____ Letter writing/reading
____ Monthly decoration
____ Newsletter
____ Bulletin boards
____ Group discussion /leader or helper
____ Crafts/leader or helper
____ Party cart/in room
____ Animal activities
____ Outing helper
____ Nursing department helper
____ Play tapes/headphones
____ Entertainment and parties (helper)

After your application has been reviewed your placement for volunteer service will be determined. Volunteers are expected to comply with the rules and regulations of Morningside Manor and Volunteer Services Department.

____________________ ____________________
Signature Date

5/96

Date of Interview:____________________

Date of Orientation: ____________________

Assignment and Date:____________________

Volunteer Application

1. Name:______________________________ Telephone No.:____________________

   Address:______________________________ Referred by:____________________

2. Frequency with which you wish to volunteer: (Circle preference)

   Twice Weekly — Weekly — Every Two Weeks — Longer Intervals

3. Time Preference: (Circle preference)

   Morning — Afternoon — Evening

4. Length of time you wish to serve: (Circle preference)

   1 hour — 2 hours — 3 hours — Longer periods

5. Day of week Preferred ______________________________

6. Do you wish to put a time limit on your volunteer commitment?

   3 months — 6 months — 1 year — indefinite

7. Can you volunteer transportation for patient?______________________________

8. Would your spouse be interested in working with or taking patients to outside activities? ________________

   ____

9. Are there any skills drawn from previous experiences you would care to use in volunteer work? (Other languages, hobbies, work or volunteer experiences)

   ____

10. What clubs or organizations do you belong to? ______________________________

    ____

11. Where do you wish to serve? (Please check your preferences)

    - ☐ 1. Show Slides
    - ☐ 2. Show films
    - ☐ 3. Help with games
    - ☐ 4. Provide instrumental talent (Yourself or another)
    - ☐ 5. Provide Vocal Talent (Yourself or another)
    - ☐ 6. Help with parties ☐ Provide refreshments

- ☐ 7. Help in making and putting up decorations
- ☐ 8. Taking patients for walks, rides, tours, or picnics:
  - ☐ With staff member ☐ Without staff members
- ☐ 9. Taking patient to church:
  - ☐ With staff member ☐ Without staff members
- ☐ 10. Helping to prepare for special days (Christmas, New Year's, Halloween, Valentine's, etc.)
- ☐ 11. Distribute magazines and books
- ☐ 12. Play record player or read to patients
- ☐ 13. Help with group sings
- ☐ 14. Provide scrap material for crafts
- ☐ 15. Work with patients on a facility newspaper
- ☐ 16. Teach ☐ Painting ☐ Watercolor or oil
- ☐ 17. Help patients to arrange flowers
- ☐ 18. Work with patients in flower garden
- ☐ 19. Assist patients with craft projects
- ☐ 20. Making patterns for projects
- ☐ 21. Perpare materials for patients' use
- ☐ 22. Help patients with writing exercises
- ☐ 23. Friendly Visiting
- ☐ 24. Letter writing
- ☐ 25. Supplying activity director with new activity ideas
- ☐ 26. Contacting people for: Book Reviews, Current Events, Group Discussions and Talks, (Antiques, travel, movies, etc.)

12. Why do you want to volunteer here?

VOLUNTEER AGREEMENT

Volunteer Name:_______________________________________ Start Date: ____________

Responsibilities of Health Care Center

1. Initial orientation to special needs of aged residents and health care center policies and procedures.
2. Specific training to volunteer job, ongoing supervision and communication.
3. Careful consideration of individual needs and interests of volunteer before making assignments.
4. Individual Volunteer Record and future work references.
5. Evaluation at then end of the first month.

_______________________________________ ____________
Volunteer Coordinator or Activity Professional Date

Specific Needs of Volunteer:

____

____

Responsibilities of Volunteer

1. Attend orientation session.
2. Fulfillment of time commitment, as listed below.
3. Confidentiality of all information heard directly or indirectly.
4. Sign in and record total hours per month at end of month.
5. Take all problems, criticisms or suggestions to the Volunteer Coordinator or Activity Professional and adhere to Volunteer Policies of the health care center.
6. Evaluation of volunteer experiences at exit interview.

Work Hours:	**Total per Week:**
Duration of Volunteer Agreement:	**Start Date:**
Volunteer Signature:	

APPLICATION DISCLOSURE

Volunteer Service

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that *a consumer report* (criminal record check) may be made in connection with your application for volunteer service.

If your volunteer service is denied, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for purposes of volunteer service.

______________________________ __________________

Volunteer Applicant Signature Date

______________________________ __________________

Volunteer Applicant Name Printed Date of Birth

____

SS#

Morningside Ministries

Senior Living Communities

Morningside Ministries Consent Form

I hereby give my permission for Morningside Ministries to obtain information relating to my criminal history through the Department of Public Safety. The criminal history record may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment position with Morningside Ministries. I also understand that as long as I remain an employee, the criminal history records check may be repeated at anytime. I understand and agree if I dispute the content of a background check it is my responsibility to clarify the records to satisfaction of Morningside Ministries. Morningside Ministries may deny my application to be employed on what is learned through the background check.

The findings of this investigative action will be held in confidence and the information will be used only to further the purpose of promoting of Morningside Ministries.

I have read or had explained to me the information presented above and understand its contents.

________________ ________________ ________________

Print FULL Last Name   Print Full First Name   **Print Full Middle Name**

________________________ ________________

Signature   Date

________________ ________________ ________________

Social Security Number   Driver's License Number   Date of Birth

____

List all other names under which you were employed or attended school.

EEO SURVEY

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which you are applying. The information requested on this sheet is for the purpose of our compliance with these record-keeping requirements and to determine recruiting and employment patterns. It is and will continue to be the policy of Morningside Ministries that all persons are entitled to equal opportunity regardless of race, color, religion, gender, sex, age, national origin, ethnicity, sexual orientation or disability.

PLEASE PRINT

Date:________________________ Phone:________________________

Name (Last, First):____

Address: ____

____

Position Applied For:____

Check One: ______ Female______ Male

Check One:

______ American Indian/Alaskan Native - I
______ Asian - A
______ Native Hawaiian or Pacific Islander - P
______ Black (Not Hispanic) - B
______ Hispanic - H
______ White - W
______ Two or more races (Non-Hispanic) - T

I understand that this information is to be used for the purposes of Equal Employment Opportunity Reporting statistics and will be maintained in a separate file. The information is confidential and has been given voluntarily.

________________________________ ________________
Signature of Applicant Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, ______________________________, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

____
Signature of Applicant or Employee

____
Date

____
Agency Name (Please print)

____
Agency Representative Name (Please print)

____
Signature of Agency Representative

____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _______ initial

Purpose of CCH: ____________________

Hire _____ Not Hired _____ _______ initial

Date Printed:______________ _______ initial

Destroyed Date:____________ _______ initial

Retain in your files

Rev. 02/2011

LISTENING SKILLS

Ten Commandments for Good Listening

1. STOP TALKING!
   You cannot listen if you are talking.
   "Give every man thine ear, but few thy voice." (Shakespeare)

2. PUT THE TALKER AT EASE.
   Help the resident feel that he/she is free to talk.
   This is often called a "permissive environment."

3. SHOW THE RESIDENT THAT YOU WANT TO LISTEN.
   Look and act interested. Make eye contact while he/she talks.
   Listen to understand rather than to reply.

4. REMOVE DISTRACTIONS.
   Don't doodle, tap, of shuffle papers.
   Will it be quieter if you shut the door?

5. EMPATHIZE WITH THE RESIDENT.
   Put yourself in his/her place so that you can see their point of view.

6. BE PATIENT.
   Allow plenty of time. Do not interrupt.
   Don't start for the door or walk away.

7. HOLD YOUR TEMPER.
   An angry man gets the wrong meaning from words.

8. GO EASY ON ARGUMENT AND CRITICISM.
   This puts the resident on the defensive. He/She may "clam up" or get angry.
   Don't argue; even if you win, you lose.

9. ASK QUESTIONS.
   This encourages the resident and shows that you are listening.
   It helps to develop points further.

10. STOP TALKING!
    First and last! All other commandments depend on it.
    You just can't do a good listening job while you are talking.

RIGHTS OF NURSING FACILITY RESIDENTS

The elderly (60 years of age and older) have all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States. They have the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

To be treated with dignity, respect, courtesy and consideration without regard to race, religion, national origin, sex, age, disability, marital status or source of payment.

- To make their own choices regarding personal affairs, care, benefits and services;
- To be free from abuse, neglect and exploitation;
- To designate a guardian or representative to ensure the right to quality stewardship of their affairs, if protective measures are required; and
- To live in safe, decent and clean conditions.

To receive all care necessary to have the highest possible level of health.

"o be free from physical or chemical restraints used .or discipline or convenience and not required for medical symptoms.

To communicate in their native language with other ndividuals or employees for the purpose of acquiring or receiving any type of treatment, care or services.

To complain about care or treatment and receive rompt response to resolve the complaint without fear f reprisal or discrimination by the person providing ervices; to organize or participate in any program that resents residents' concerns to the facility dministrator.

'o receive visitors.

o privacy during visits and telephone calls and while tending to personal needs, unless providing privacy ould infringe on the rights of others.

) participate in activities of social, religious or mmunity groups, inside or outside of a care setting, less the participation interferes with the rights of ier persons.

send and receive unopened mail and to receive istance in reading or writing correspondence.

To manage their own personal financial affairs in the least restrictive method by:

- Written authorization for another person to manage or provide accounting of money and property;
- Choosing another manner, including a representative payee program, a money management program, a financial power of attorney, a trust, or a similar method.

To access and to have an accounting of their money and property deposited with the facility and of all financial transactions made with or on behalf of them.

To access personal and clinical records which will be maintained as confidential and may not be released without their consent, except to a person providing services at the time they are transferred or as required by another law.

To be fully informed about their total medical condition, in a language that they can understand, and to be notified whenever there is a significant change in their medical condition, by the person providing services.

To retain the services of a physician of their choice, at their own expense or through an insurance plan, and to be fully informed in advance about treatment or care that may affect their well-being.

To participate in developing a plan of care that describes their medical, psychological and nursing needs and how the needs will be met, including reasonably expected effects, side effects and risks associated with psychoactive medications.

To refuse medical treatment and to refuse to participate in experimental research after being advised by the person providing services of possible consequences; and acknowledging that they clearly understand the consequences.

HIPAA
PRIVACY & SECURITY RULE

I, ____,

Have been trained on the "HIPAA Privacy and Security Rule." I will keep all private health information confidential and secure; whether it may be written, verbal, or electronic information.

______________________________ ______________________

EMPLOYEE SIGNATURE **DATE SIGNED**

______________________________ ______________________

PRINT EMPLOYEE NAME **EMPLOYEE #**

CHECK CAMPUS:

- ☐ **MANOR**
- ☐ **KAULBACH**
- ☐ **MEADOWS**
- ☐ **CHANDLER**
- ☐ **MENGER SPRINGS**
- ☐ **KENDALL**
- ☐ **CIBOLO**
- ☐ **ADMINISTRATIVE CENTER**

THE CHANDLER ESTATE IN LAUREL HEIGHTS

VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name:____

	Inservices:	Date Received	Initials of Volunteer	Initials of Trainer
1	Tour of Facility			
2	Brief description of departments in health care center			
3	Patient Rights			
4	Proper & respectful ways of communicating with residents			
5	Confidentiality			
6	Emergency Fire Procedure			
7	Steps taken when reporting for volunteer work			
8	Transporting residents to group activities			
9	Group Activities			
10	Communicable Diseases			
11	Accidents/Incidents (volunteer)			
12	Precautions Lists			
13	Diabetics			
14				
15				
16				
17				
18				
19				
20				

INDIVIDUAL VOLUNTEER SIGN-IN RECORD

(Please Print or Type)

Name Of Volunteer: ____

(Last) (First) (Middle)

Address: ____

City: ______________________ State: __________ Zip: __________

Phone: ______________________

Date	In	Out	Hours

Total Hours: __________

Date	In	Out	Hours

Total Hours: __________

HIPAA
PRIVACY & SECURITY RULE

I, ____,

Have been trained on the "HIPAA Privacy and Security Rule." I will keep all private health information confidential and secure; whether it may be written, verbal, or electronic information.

______________________________ ______________________
EMPLOYEE SIGNATURE DATE SIGNED

______________________________ ______________________
PRINT EMPLOYEE NAME EMPLOYEE #

CHECK CAMPUS:

- ☐ MANOR
- ☐ KAULBACH
- ☐ MEADOWS
- ☐ CHANDLER
- ☐ MENGER SPRINGS
- ☐ KENDALL
- ☐ CIBOLO
- ☐ ADMINISTRATIVE CENTER