



Volunteer Application Process

The Legacy at North Augusta welcomes volunteer support as we realize that volunteers create positive change in organizations and communities. Volunteers, coordinated by ConnectedLiving, have the opportunity to serve in various roles to support operations and programming.

Prior to any volunteer service, volunteers are required to complete and return the following: Volunteer Application, Code of Ethics for Volunteers, Confidentiality Agreement and Release and Wavier of Liability Agreement, TB test and flu shot documentation. This application can be returned in person, by mail or by email to volunteer@thelegacyatnorthaugusta.org .

In addition, volunteers must participate in an orientation session prior to volunteer service, which includes but is not limited to the following topics: volunteer policy and regulations, volunteer duties and responsibilities, resident rights, emergency procedures, infection control, wheelchair use and volunteer reporting requirements. Additional training is provided and required throughout the term of volunteer service.

REQUIRED FORMS TO COMPLETE APPLICATION PROCESS

Volunteer Application	Documentation of Seasonal Flu Vaccine
Code of Ethics for Volunteers	Media Release
Confidentiality Statement/Agreement	Negative TB Test or Chest X-Ray
Volunteer Release and Waiver of Liability Agreement	VSP Criminal Background Check

REQUIRED ORIENTATION TOPICS

- Volunteer Policy and Regulations _____ (training date/trainer's initials)
- Volunteer Duties/Responsibilities (Including Name of Supervisor) _____ (training date/trainer's initials)
- Resident Rights _____ (training date/trainer's initials)
- Emergency Procedure _____ (training date/trainer's initials)
- Infection Control _____ (training date/trainer's initials)
(handwashing, standard precautions and risk-reduction behavior)
- Wheelchair Use _____ (training date/trainer's initials)
- Volunteer Reporting Requirements _____ (training date/trainer's initials)

As a volunteer of The Legacy at North Augusta, I have completed and returned the required forms to complete the application process and received orientation and information on the above required orientation topics.

Signature

Date



VOLUNTEER APPLICATION

Someone will contact you to set up an interview and orientation.

DATE:		
DATE OF BIRTH:		
NAME:		
ADDRESS:		
TELEPHONE NUMBERS: HOME:		CELL:
EMAIL:		
EMERGENCY CONTACT NAME:	ADDRESS:	TELEPHONE:
HOW DID YOU HEAR ABOUT US?		
ABILITIES		
WHAT SKILLS/INTERESTS DO YOU HAVE THAT WOULD BENEFIT THE VOLUNTEER PROGRAM (computer skills, graphic design, photography, writing, health and wellness, event planning, fundraising, newsletter production, sewing, art, etc.)		
INTERESTS:		
What type of volunteer opportunity are you interested in joining? _____		
Areas of volunteer interest (check all that apply)		
<input type="checkbox"/> Discussion leader <input type="checkbox"/> Office <input type="checkbox"/> Work <input type="checkbox"/> Newsletter <input type="checkbox"/> Activities <input type="checkbox"/> Escort residents to activities and appointments <input type="checkbox"/> Support group leader <input type="checkbox"/> Visit and Read to Residents Other _____		

AVAILABILITY

Please indicate day(s) and time(s) available to volunteer (*Volunteer hours are from 9a.m. – 7p.m.*)

Mon Tues Wed Thurs Fri Sat Sun

Date you are available to begin volunteering _____

Length of desired volunteer service Weekly Monthly Quarterly

VOLUNTEER EXPERIENCE

Are you presently a volunteer? Yes No Where? _____

If no, have you had previous volunteer experience? Yes _____ No _____

If yes, describe. _____

REFERENCES

2. Name _____
Address _____

Telephone _____

2. Name _____
Address _____

Telephone _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME _____

SIGNATURE _____

FOR THE LEGACY AT NORTH AUGUSTA USE ONLY

Volunteer Approved _____ Date _____

Assigned to _____





MEDIA RELEASE

Creating community is what allows residents to connect with each other, volunteers and staff. We desire to foster and celebrate community through sharing life's moments. Often this may involve photography and/or videography at events.

- YES**, I give National Lutheran Communities & Services (NLCS) and its affiliate communities, agents and representatives permission to record my image and or voice. I further grant NLCS and its affiliate communities, agents and representatives the right to use these recordings or photographs in any medium for education, promotional advertising or other purposes that support the mission of NLCS and its affiliate communities without any compensation to me.
- NO**, I do not grant the permissions stated above.

I understand that:

- I may revoke this authorization at any time.
- The revocation will not apply to information that has already been released per this authorization.
- I must revoke this Authorization in writing.
- The procedure for revoking this Authorization is to present my written revocation to the following:
The Legacy at North Augusta, 1410A North Augusta Street, Staunton, VA 24401
540-213-6781 | info@thelegacyatnorthaugusta.org

I acknowledge that I have read this release prior to signing it and that I understand its contents.

Printed Name: _____ Date: _____

Signature: _____

Address: _____

*****If signing as a guardian, conservator, power of attorney or other designated representative, please sign below:**

Printed Name: _____ Date: _____

Signature: _____ Phone: _____

Legal Designation: _____

Address: _____

City: _____ State: _____ Zip: _____



CODE OF ETHICS for VOLUNTEERS

1. Volunteers providing resident services shall maintain the resident's interest as their primary responsibility and will maintain high personal and professional standards.
2. Volunteers shall portray a positive role model by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity.
3. Volunteers should respect the privacy of residents and maintain confidentiality at all times regarding information obtained while providing services. Volunteers will not reveal the name or other identifying information about any resident to other residents or the outside public.
4. Resident's confidentiality must be maintained throughout the community.
5. Volunteers may not discriminate against residents or co-workers on the basis of sex, race, age, creed, color, national origin, religion, marital status, disability, sexual orientation, political affiliation or source of income.
6. Volunteers may not accept gifts of any kind from residents.
7. Volunteers shall not allow personal views to conflict with positions adopted by The Legacy of North Augusta.
8. Volunteers shall report to their volunteer supervisor any conflict of interest that may prevent him/her from providing competent services to a resident, or be impartial in the treatment of any resident.
9. Volunteers shall not use tobacco, drugs, alcohol or profanity while volunteering. The use of physical abuse, verbal abuse, sexual abuse, and/or mental abuse is strongly prohibited and will be cause for immediate dismissal.
10. Volunteers recognize their boundaries of competence and provide only those services, and use only those techniques, for which they are qualified by training experiences.

I understand that any violation of this code may be grounds for removal as a volunteer.

Volunteer Signature

Date



Confidentiality Statement

All resident Protected Health Information (PHI) which includes resident medical and financial information, employee records, financial and operating data of The Legacy at North Augusta, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any volunteer unless pertaining to his or her specific volunteer job requirements. Examples of inappropriate disclosures include:

- Volunteers discussing or revealing PHI or other confidential information to friends or family members, not designated as personal representatives.
- Volunteers discussing or revealing PHI or other confidential information to other volunteers without a legitimate need to know.
- The disclosure of a resident's presence in the office, hospital, or other medical facility, without the resident's consent, to an authorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information can subject each volunteer of The Legacy at North Augusta to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, to misuse, theft, destruction, alteration, or sabotage of such information, is ground for immediate disciplinary action up to and including termination.

Volunteer Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge, is to be kept confidential. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I no longer volunteer.

I am familiar with the guidelines in place at The Legacy at North Augusta pertaining to the use and disclosure of resident PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of The Legacy at North Augusta is made. I also understand that the unauthorized disclosure of resident PHI and other confidential or proprietary information of The Legacy at North Augusta are grounds for immediate dismissal.

Signature of Volunteer

Date

Print Name (Volunteer)

Witness Signature



Important: Each volunteer must read and sign the "Release of Liability and Assumption of Risk Agreement" before volunteering for The Legacy at North Augusta

Volunteer Release of Liability and Assumption of Risk Agreement

I, _____ ("Participant"), acknowledge that I have voluntarily applied to participate as a volunteer for *The Legacy at North Augusta*. I acknowledge my participation is completely voluntary on my part and is being undertaken without promise or expectation of compensation.

In consideration of volunteering, I, the undersigned, for myself, my heirs, and assigns hereby release and discharge, and agree to indemnify and hold harmless, *The Legacy at North Augusta*, its affiliates, associates, agents, and any participating organizations, for any claims for damages or injury I may incur resulting from my participation in this volunteer service. I understand that my participation involves risk of injury and illness, which may result directly or indirectly from my participation. I also understand that *The Legacy at North Augusta* does not carry any specific insurance for the benefit of its Volunteers and I represent that, to my knowledge, I am in good health and suffer no physical impairment that would prevent my participation in Volunteer Activities.

I agree to assume any and all risks of bodily injury, illness, death or property damage, whether those risks are known or unknown.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if volunteer is under 18 years old): _____

I further state that I am and/or my child(ren) is(are) in proper condition for participating as a volunteer and agree to abide by the rules established by organizers of this volunteer opportunity relative to health and safety requirements.

I verify this statement by placing my initials here: _____

Finally, I grant *The Legacy at North Augusta* full and complete permission to use photos of and quotations from me or my participating child in promotional materials.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia. I agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

Participant/Releasor:

Parent/Guardian:

Signature _____

Signature _____

Date: _____

Date: _____

Address: _____

Address: _____

Contact phone: _____

Contact phone: _____

Witness:

Signature

**SWORN STATEMENT OR AFFIRMATION
FOR ADULT FACILITY EMPLOYEES**

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring or continuing to employ any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired or continue to be employed if five years have elapsed since the conviction.

Any person making a materially false statement on this form regarding any criminal offense shall be guilty of a Class 1 misdemeanor.

Further dissemination of the background check information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Please Print

1. _____
Last Name First Middle Maiden Social Security Number

Address Street/P.O. Box/Apt. # City State Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? ___ yes ___ no

If yes, list all and explain _____

3. Are you the subject of any pending criminal charges? ___ yes ___ no

If yes, explain _____

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature _____ **Date:** _____

NOTE TO LICENSEE: This form must be retained for all compensated employees.