



**VOLUNTEER APPLICATION
ETHEREAL HOUSE
A Residential Care Facility For The Elderly**

Date: _____/_____/_____

Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____ Cell Number: _____

E-Mail: _____

GENERAL INFORMATION

Emergency Contact: _____

Name Relationship Telephone # _____

Are you applying as an: Individual _____ Organization _____

Organization Name: _____

Do you speak any other languages? Yes _____ No _____

If so, what languages? _____

PERSONAL REFERENCES (3) (Personal references must be 21 years of age or above.)

1. Name: _____ Relationship: _____

Address: _____ Telephone: _____

2. Name: _____ Relationship: _____

Address: _____ Telephone: _____

3. Name: _____ Relationship: _____
Address: _____ Telephone: _____

VOLUNTEER INFORMATION

How did you learn about volunteer opportunities at Ethereal House?

Why do you wish to volunteer at Ethereal House?

What prior volunteer experience do you have?

Do you have any prior experience working with individuals who have Alzheimer’s disease or related Dementia? Yes _____ No _____

If yes, with whom and where?

Would you consider short-term pet fostering? _____ (From a few weeks to a few months.)

If so, what kind of pet(s) can you foster? _____

Please check the area(s) that best suit your skill(s).

Assist Residents with Social/Recreational

- Conversation_____
- Playing cards/games_____
- Teach a class_____
- Writing letters_____
- Arts/crafts_____
- Religious activities_____
- Gardening_____
- Music/entertainment_____
- Mending/ironing_____
- Reading/translating_____
- Sports_____
- Pet and wildlife care_____
- Barber/Hair Stylist_____
- Bible Study Leader_____

Assist Staff

- Housekeeping_____
- Resident's laundry/bedding_____
- Help prepare meals_____
- Grocery shop from a list_____
- Scheduled resident activities_____
- Help w/Parties and Special events_____
- Safety & First Aid Skills_____
- Assist with administrative tasks,**
- Making phone calls_____
- Filing/clerical/record keeping_____
- Reception_____
- Computer Skills_____
- Human Resources_____

What other skills, interests, or hobbies would you like to share with others?

Do you have any interest in volunteering as a driver?¹ Yes _____ No _____

AVAILABILITY

Specify days and hours you are available to volunteer (**Please indicate A.M. or P.M.**):

Monday: time: _____ to _____	Friday: time: _____ to _____
Tuesday: time: _____ to _____	Saturday: time: _____ to _____
Wednesday: time: _____ to _____	Sunday: time: _____ to _____
Thursday: time: _____ to _____	Additional: _____

Ethereal House welcomes volunteers. However, a few rules do apply:

1. The licensee or a facility employee with a criminal record clearance or exemption directly supervises the volunteer.
2. The volunteer is never left alone with clients.
3. The volunteer does not provide any client assistance with dressing, grooming, Bathing or personal hygiene.
4. The volunteer is at the facility during normal waking hours.
5. The volunteer spends no more than 16 hours per week at the facility.

¹ Provide residents with transportation needs to outings, worship service, events, doctor appointments, etc. Must be at least 18 years of age. Other conditions to volunteer include fingerprint clearance, statement of prior criminal convictions, drug/alcohol screening, and TB clearance. Must have a valid drivers license so as to transport residents to outings, doctor appointments, etc. Only drivers licensed for the type of vehicle operated shall be permitted to transport residents. The rated seating capacity of the vehicles shall not be exceeded. Any vehicle used by the facility or the employee to transport residents shall be maintained in a safe operating condition.

VOLUNTEER TERMS OF AGREEMENT

Acceptance of Gifts, Tips, Gratuities

A volunteer should never accept a gift or tip from a resident, family member or any individual or organization. If a resident wishes to show appreciation in the form of a gift (candy, flowers, etc.) the volunteer should show express appreciation for the gesture, but advise the resident that it is against Ethereal House policy and suggest the resident make a **charitable contribution to her/his favorite charity in lieu of a personal gift.**

Volunteer Authorization

Our highest priority is the health, welfare, and safety of these precious elderly residents. Therefore we request you permission to obtain information (if required) with some Ethereal House volunteer assignments.

I authorize Ethereal House to obtain information from schools, listed references, or other individuals and institutions it contacts regarding the information I have provided on this application. I understand that I will be subject to a criminal background check, TB Test, Drug/Alcohol screening & Motor Vehicle Records check (when applicable) as a condition of performing volunteer activities.

I understand that I am obligated to report any information that may be helpful in meeting the needs of the residents of the Ethereal House community in which I volunteer. I also understand that my volunteer orientation requirements differ depending upon my assignment by the activities & volunteer coordinator. I agree to follow the established guidelines outlined here and in the Volunteer Orientation Guide.

Volunteer Signature: _____ Date: _____

Volunteer Consent

I agree that, as a volunteer, I am not subject to the State Workmen's Compensation Laws and that my volunteer service may in no way be construed as employment by Ethereal House. I release Ethereal House from any liability under the Workmen's Compensation Laws of California or from the terms of the Federal Wage and Hour Act by the volunteer service being offered.

I recognize that I am subject to the personnel policies and procedures of Ethereal House related to the care and protection of the residents and staff. It is understood by all parties that the parties assigning this consent form may terminate this voluntary relationship at any time. I will consider as confidential all information that I hear, directly or indirectly, concerning patients or staff. I will endeavor to make my work professional in its quality. My services are donated to Ethereal House without contemplation of compensation or future employment, and given with humanitarian or charitable reasons. I will uphold the high standards of this facility and will interpret them to the community at large.

Volunteer Signature: _____ Date: _____

Confidentiality Policy and Pledge:

A primary responsibility of every volunteer is confidentiality of information. This is defined as information, written or spoken, whose unauthorized or indiscreet disclosure could be harmful to the interests of a patient, an employee or the organization. Such information is strictly confidential. In all

circumstances, information about the condition of a resident, staff or organizational business may not be shared with unauthorized persons.

Resident records, employee personnel records, or personal data such as addresses or phone numbers, and organization financial and operating data are examples of information of a private or sensitive nature considered to be confidential. Inquiries from relatives and friends regarding residents or staff should be directed to the administrator or staff in charge. Inquiries for information from the news media or other individuals should be referred to the Administrator. The only exception to this is in emergency situations. Passing along accurate and complete medical information to the physician, emergency room, rescue squad, hospital staff and nurses, etc. in an emergency is a part of our responsibility and is not a breach of confidentiality.

I understand and agree to the volunteer consent form. I understand and agree to the confidentiality policy and pledge, and am aware that any breach of confidentiality is grounds for immediate dismissal.

Signature Date

Signature Parent/Guardian Date
(If under the age of 18)

APPLICANT DISCLOSURE STATEMENT

1. Have you ever been convicted of a crime?
Yes _____ No _____

If "Yes," please identify the Offense(s), provide the date(s) of the conviction(s), the name of the court, and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding?
Yes _____ No _____

If "yes," please identify the specific finding(s), which agency or court made the finding(s), date(s) of the findings(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that I can be discharged for any misrepresentation or omission in the above statement.

Signature Print Name Date

Ethereal House appreciates your interest in volunteering and reserves the right to make decisions based on the Residents' needs. Thank You.