



January, 2009

Thank you for your interest in the Cedar Village Junior Volunteer Program! Before you get started, please take a moment to review this letter and the contents enclosed.

- 1.) **Junior Volunteer Application:** This must be filled out in full.
- 2.) **Cedar Village Waiver of Liability:** Please make sure that you read this carefully and fill it out. If you are not 18, your parent or guardian must sign this as well.
- 3.) **2-Step TB Permission slip.** If you plan on volunteering over 10 hours a month, you may not volunteer without a TB test.
A friendly reminder about TB Testing. If you have signed off for us to administer the test, please read below.
If we will not be administering the test, please have a copy of your test sent to me **(1)** week prior to your first day. If you arrive on your first day and do not have a copy of the test with you, you will need to re-schedule your orientation.
At Cedar Village, we are required to perform a TB Test on all Staff and Volunteers. We will administer the test on your first day and check your arm the next time you come. (It must be checked within 48-72 hours. Those of you attending on Mondays and Fridays will have the shot administered on Friday to be checked the following Monday.) If you have not been tested for TB in the last year, we are required to administer the TB Test again within 2 weeks of the first test.
- 4.) **Dress Code Policy and Procedure:** Since we are a health care facility, we are required to abide by certain laws. Please make sure that you have reviewed these policies before you arrive for your first day. You will be sent home if you are not dressed appropriately. Make sure that you sign this form.
- 5.) **Reference Form:** The application will not be considered complete without 2 references. Your parents, relatives or friends cannot fill out this form.

Once we receive your completed application, we will contact you to follow up and set your schedule. If you have any additional questions, please feel free to call me at 336-3137 or e-mail mwestcott@cedarvillage.org

Sincerely Yours,

Marcia Westcott
Director of Volunteers & Resident Programming



JUNIOR VOLUNTEER PROGRAM APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____

EMAIL: _____ BIRTHDAY: _____

SCHOOL : _____ YEAR: _____

EMERGENCY CONTACT & _____ RELATIONSHIP: _____
PHONE #: _____

PLEASE LIST YOUR PREVIOUS VOLUNTEER EXPERIENCE: _____

WHY DO YOU WANT TO VOLUNTEER AT CEDAR VILLAGE? _____

PLEASE LIST ANY PHYSICAL OR PSYCHOLOGICAL LIMITATIONS WHICH MIGHT AFFECT YOUR VOLUNTEERING: _____

PLEASE (x) THE TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN:

- ACTIVITIES
- ARTS & CRAFTS
- COMPUTER PROGRAMS
- MAIL DELIVERY
- OFFICE WORK
- ONE TO ONE VISITS
- OTHER: _____

I WOULD I WOULD NOT LIKE TO WORK DIRECTLY WITH RESIDENTS.



Cedar Village Volunteer Program Confidentiality and Waiver of Liability

I [print name] _____, release Cedar Village from any claims arising out of any personal injuries, damages, expenses, and loss that may be sustained by me while participating as a volunteer.

I will uphold the standards and policies of Cedar Village.

I will comply with instructions given to me by Cedar Village management, the Volunteer Services Coordinator and any staff member in his/her area of responsibility.

I agree to regard all non-public information received in the performance of my volunteer work at Cedar Village as confidential.

I will not use or disclose any confidential information belonging or relating to Cedar Village, including but not limited to information about residents, volunteers, staff members, vendors, and residents' friends and family, unless such disclosure is authorized in writing by Cedar Village management or is required by law or legal process.

Volunteer

Date

Parent or Guardian
(If under 18)



2-Step TB Information

At Cedar Village, we are required to perform a TB Test if you volunteer over 10 hours a month. Below is a permission slip that a parent/guardian must sign so that our nurse can administer a TB Test to you. If you have been tested in the last year, you will only need to have the test done once. We will administer the test on your first day and check your arm the next time you come to volunteer. (It must be checked within 48-72 hours. If you have not been tested for TB in the last year, we are required to administer the TB Test again within 2 weeks of the first test.

You cannot participate in the Cedar Village Junior Volunteer program without this form signed, and the test performed. Thank you.

2-Step TB Test Permission Slip

I, the parent or legal guardian of _____, gives my permission for my child to have a 2-Step TB Test administered by Cedar Village medical personnel. I understand that my child's participation in the Cedar Village Junior Volunteer Program is dependent upon a negative test result (or appropriate follow-up if the test is positive).

The date of my child's last TB Test was _____.

(Please provide date and a copy of the results from your child's physician if test was completed in the last year.)

Signature of Parent/Legal Guardian _____ Date _____



Cedar Village Volunteer Dress Code

Clothes must be clean, wrinkle-free, in good repair, conservative, neat, safe, functional, and appropriate to the work place. The following are examples of **INAPPROPRIATE** items:

- Thongs or other types of sandals, clogs.
- Shoes that are open-toed, toe-less or open heeled
- Bare midribs, halter tops, bra-less look, sleeveless or tank tops, shirts with offensive wording.
- Colored underwear (that show through), mini-skirts, tight-fitting slacks, leggings, and spandex clothing. Socks or hose are required at all times. Bare legs are not permitted.
- Skirts & dresses should not be worn more than two inches above the knee.
- Caps or hats may not be worn in the building unless for religious reasons.
- Wearing any political, religious, or other sensitive material is prohibited.
- **Jewelry** – Watches and wedding rings are acceptable. Earrings may not hang more than one (1) inch below an earlobe. There will be no jewelry through pierced holes, except in the ears. Jewelry should not inhibit proper hand washing or care giving.
- Should a Volunteer report to Cedar Village improperly dressed or groomed, the Director may require the Volunteer to return home to change.

Volunteer Badge:

A badge with your name, department and a picture identifying you as a Volunteer of Cedar Village will be issued to you when you begin to volunteer. You are required to wear your name badge at all times while on duty for the following reasons:

- 1.) To enable fellow staff members to get to know you and to let residents and visitors know your name and position.
- 2.) There should be no attachments or stickers on the badge, or any attempts to change or hide any part of the badge.
- 3.) The badge should be worn visibly on the front of the body, above the waist, and not attached to belts, sleeves, pants, or skirts.

I have read the above Dress Code and understand the importance of following these rules while volunteering at Cedar Village. I understand that if I arrive at Cedar Village dressed inappropriately, I will be sent home and can return when dressed in accordance with the guidelines presented above.

Junior Volunteer Name/Signature

Date



Cedar Village Volunteer Reference Form

Volunteers accepted with Cedar Village must submit TWO references from adults – other than relatives. Cedar Village volunteers must possess a genuine concern for people and be self-motivated. Your help in assessing these and other characteristics is vital to our placement process!

REFERENCE INFORMATION

Name of volunteer applicant: _____

ALL INFORMATION THAT YOU PROVIDE US WILL BE REGARDED AS CONFIDENTIAL

1. How long have you known the applicant? _____

2. What is the nature of your association with the applicant? (Friend, neighbor, employer, etc.)

3. In your opinion, is this person suitable for volunteer work in a facility that serves the aging population? _____

4. To the best of your knowledge, has this person been convicted of or pled guilty to drug abuse, theft or any violent crime? ___ Yes ___ No ___ Do not know

5. What can you tell us about this applicant that would help us know them better? _____

6. In what ways do you think this applicant can make a contribution to Cedar Village? _____

Signature of Reference Date

Reference Name: _____

Address: _____ City, Zip _____

Phone #: _____ Email: _____

Note: References can be turned in with the application or mailed to:
Cedar Village Attn.: Volunteer Department 5467 Cedar Village Drive Mason, Ohio 45040



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