

MacGregor Downs Health and Rehabilitation Center

Volunteer Application Form

Name _____

- ☐ Health and Sciences Academy
- ☐ ECU Adopt a Grandparent Program
- ☐ ECU Volunteer
- ☐ Other

Please mention _____

VOLUNTEER APPLICATION

Applicant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Emergency Contact Information

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Employment/Volunteer Experience

Employer: _____

Position: _____

Dates From: _____ To: _____

Employer: _____

Position: _____

Dates From: _____ To: _____

Have you ever been arrested? ☐ Yes ☐ No

If yes, explain: _____

Preferred Schedule

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

If you are 17 years old or younger, please bring a permission letter from parent or guardian.

Signature of Applicant_____
Date_____
Signature of Parent/Guardian (If required)_____
Date

Volunteer Code of Conduct

We appreciate your Volunteer Services ("Volunteer Services"), which help to provide a positive experience for our residents, patients and their legal/personal representatives and families. Your Volunteer Services (whether on our premises or elsewhere) require an understanding of our policies and procedures, which are governed by and required by applicable health care laws.

This *Volunteer Code of Conduct* ("Code") creates clear guidelines for anyone who wishes to provide regular Volunteer Services. This Code is required to be followed while you are providing Services for the center.

Conduct Expectations

Volunteers are required to demonstrate the same responsibility, quality of performance, and honesty we require of our employees. As a Volunteer you are required to and agree to:

1. Sign in and out each day you provide Volunteer Services. If you are unable to provide your Volunteer Services as scheduled, please advise your center contact.
2. Act in a professional, honest and ethical manner and maintain a respectful relationship with our patients and residents and their legal/personal representatives and/or families.
3. Dress neatly and conservatively with consideration to our work environment. Wear closed toe shoes; refrain from wearing any short skirts or shorts, see-through clothing, tank tops, and clothing with alcohol, drug, or vulgar or other inappropriate images or messages.
4. Notify your center contact in the event that you are accused of or convicted of any criminal conduct or excluded or prohibited from participating in a federally funded program.
5. Maintain confidentiality about information you learn in the performance of your Volunteer work in this center. Direct requests for information to a center representative.
6. Adhere to this Code and HIPAA rules and regulations regarding Protected Health Information ("PHI"), which govern the safety and security of resident or patient information, whether such PHI is learned from verbal, written, electronic, or photographic records or communications. **Specifically, you may not:**
 - a. Have access to resident or patient medical records.
 - b. Discuss or share resident or patient information or PHI, with anyone who is not an employee of the center. (Direct requests for information to a center representative.)
 - c. Take photographs, video or audio recordings of residents or patients, their legal/personal representatives or families, center employees, or activities performed in the center.

Volunteer Code of Conduct

- d. Share PHI or other information about residents, patients, their legal/personal representatives or families, or center employees on social media.
- e. Access resident, patient, or center funds or participate in any activity that involves resident finances, sharing of resident, patient or center passwords, or access to resident, patient or center financial accounts.

Please be advised that it is against the law to share Protected Health Information as specified by HIPAA regulations and state law, where applicable. If you have any questions regarding these laws and regulations, please immediately discuss this with your center contact or call the Compliance and Ethics Helpline at 866-885-5992.

Unacceptable Forms of Conduct

Our center considers some activities to be unacceptable, and we reserve the right to end your status as a Volunteer if such activities are reported and substantiated or suspected. **Unacceptable activities include, but are not limited to your:**

1. Failure to abide by the Code, any of our orientation requirements, policies and procedures, or applicable laws.
2. Involvement in any suspected violations of any Federal or State health care program rules or requirements to include any abuse, neglect, misappropriation, exploitation or mistreatment, or reasonable suspicion of involvement in a crime.
3. Failure to report suspected violations of our policies and procedures, practices, this Code, any Federal or State health care program requirements, fraud, abuse, neglect, misappropriation or mistreatment, and/or other violations of criminal, civil or administrative laws and regulations ("Violations") as further described below.
4. Failure to pass background check, drug test, or exclusion check, where it is a requirement under State or Federal law.
5. Failure to complete and pass a TB skin test (Mantoux test), if we require such test. Center staff will inform you of any other health requirements for Volunteers.

Orientation

All Volunteers must attend an orientation program prior to providing Volunteer Services.

The Compliance and Ethics Program and HIPAA videos are required and cover the following areas:

- Compliance and Ethics Program
- Volunteer Code of Conduct
- Abuse and Neglect Prohibition policy
- Resident Rights
- Confidentiality
- HIPAA
- Elder Justice

Volunteer Code of Conduct

- Compliance and Ethics Helpline policy
- Non-Retaliation policy
- Gifts, Gratuities, and Payments

Additional Required Training:

- Fire Prevention
- Safe Smoking / Tobacco Use Policy
- Safety
- Emergency Preparedness
- Accident Prevention
- Infection Prevention
- Effective Communication
- Social Media

Your center may wish to orient you to center-specific policies or practices contingent on your Volunteer role. Your center contact will inform you if additional training is required.

Reporting Expectations:

1. When you observe something that is of concern, please report it to the Administrator, your center contact, or to the Compliance and Ethics Helpline at 866-885-5992.
2. Examples of matters you should report if observed are:
 - A request made by a resident or patient or their legal/personal representative or family member that you are not permitted to fulfill or cannot otherwise fulfill as a Volunteer (if you are uncertain of your responsibility, consult your center contact);
 - Any suspected or actual abuse or neglect of a resident or patient, including, but not limited to, acts by center employees, other residents or patients, Volunteers, family members, or others;
 - Actions by Volunteers or center employees to exclude residents or patients, or failure to inform residents or patients about activities, events or services;
 - A change in a resident's or patient's physical or mental condition that you observe;
 - An incident, accident or unusual occurrence;
 - Workplace violence against an employee or volunteer, including act of violence made by a resident or patient;
 - Any broken or damaged furniture or equipment;
 - An unsafe area or condition; and
 - Any work rule or other Violation made by a Volunteer.

Volunteer Code of Conduct

Acceptance:

By signing this form, you acknowledge and agree that you have received, read, understand, and will comply with this Code. If you fail to comply with this Code, we may at our discretion dismiss you from our Volunteer Program.

Volunteer

Date

Parent or Guardian (if under the age of 18)

Date

Center Representative

Date

VOLUNTEER ACKNOWLEDGMENT OF RESIDENT AND PATIENT RIGHTS

Here at _____ we appreciate your desire to spend quality time with our residents and patients. We understand that you will be providing Volunteer Services on a one-time or infrequent basis in public areas and will not be visiting with residents or patients unattended in their rooms, so you are not required to sign our Volunteer Code of Conduct in addition to this document. If you are under the age of 18, please have your parent or teacher sign this document as well. Thank you for your contributions towards the well-being of our residents and patients.

Our residents' and patients' health, happiness and privacy are our priorities. We embrace compassion, honesty, integrity, and respect in all our interactions with employees, residents and patients, and their legal/personal representatives and family members. We strive to enhance and inspire the lives of all we serve. Please note the following requirements for any Volunteer in our center.

Resident and Patient Rights

Our residents and patients have certain Resident Rights under the law. As a Volunteer, you agree to honor these Resident Rights, which include, but are not limited to, rights to: 1) dignity, respect and a comfortable living environment, 2) quality of care and treatment without discrimination, 3) freedom of choice to make their own, independent decisions, 4) security of their property and money, 5) privacy in communication, 6) safety in admission, transfer and discharge, 7) the right to participate in organizations and activities of their choice, 8) appropriate and responsive complaint procedures, and 9) the right to exercise their rights without the fear of reprisals.

Resident and Patient Privacy

As a Volunteer, you agree to respect our residents' and patients' rights to privacy, and will keep any information about the residents or patients confidential. A resident or patient's Protected Health Information (PHI) as defined by the Health Insurance Portability Accountability Act (HIPAA) and its implementing regulations must be kept confidential whether it is in verbal, written, electronic, or photographic form. Please be advised that it is against the law to share PHI unless it is permitted under the law or authorized by the resident or patient. As a Volunteer, you may not:

- Have access to resident or patient medical records.
- Discuss or share information you learn in the performance of your Volunteer work in this center, about our center, our residents or patients, their legal/personal representatives or families, including resident or patient PHI. Please direct requests for information regarding the center or residents or patients to a center representative.
- Take photographs, video or audio recordings of residents or patients, their legal/personal representatives or families, center employees, or activities performed in the center.
- Share PHI or other information about residents, patients, their legal/personal representatives or families, or center employees on social media or in any other medium.
- Access resident, patient, or center funds, or participate in any activity that involves resident or patient finances, sharing of resident, patient or center passwords, or access to resident, patient or center financial accounts.

If you have any questions regarding these laws and regulations, please immediately discuss this with your center contact or call the Compliance and Ethics Helpline at 866-885-5992.

Respect

While giving your time or providing services in this center, you agree to be respectful of the fundamental rights, dignity, and worth of all members of our center community. You agree to act in a professional, honest and ethical manner and maintain a respectful relationship with our center community, including patients and residents, their legal/personal representatives and/or families, and center staff members. You agree to maintain confidentiality about information you learn in the performance of your Volunteer work in this center and to direct requests for information to a center representative.

You agree to be respectful of the cultural background and individual and role differences with respect to our residents, patients, their legal/personal representatives and families, and our staff. You agree not to discriminate against our residents or patients on the basis of race, color, national origin, religion, or any other protected class under the applicable law.

You agree not to exploit or take advantage of any of our residents or patients. Any knowing or intended act that causes harm to an older person, either physically, mentally, emotionally or financially, may be considered Elder Abuse and is against the law.

You agree to dress neatly and conservatively with consideration to our work environment. Please refrain from wearing open toe shoes, short skirts or shorts, see-through clothing, tank tops, and clothing with alcohol, drug, or vulgar or other inappropriate images or messages.

Lastly, you agree to notify your center contact in the event that you are accused of or convicted of any criminal conduct or excluded or prohibited from participating in a federally funded program.

We reserve the right to ask you to leave the premises and not return if you fail to comply with these policies.

Signed by:

Volunteer

Date

Parent or Guardian (if under the age of 18)

Date

Center Representative

Date

VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name: _____ Date: _____

- ___ 1. **Volunteer Personnel Policies and Procedures**
 - ___ a. Application and Attendance Record
 - ___ b. Orientation and Training (as described in Volunteer Policy)
 - ___ c. Volunteer must read and sign Volunteer Code of Conduct
 - ___ d. Volunteer assignments and expectations (see Volunteer Policy for full list of Events/Activities/Services allowed and NOT allowed by Volunteers)
 - ___ e. Weekly and Daily Schedules
- ___ 2. **Ethics**
 - ___ a. Rules of Volunteer (see Work Rules and Reporting in Volunteer policy for full list)
 - ___ b. Residents' Rights and Responsibilities
 - ___ c. Confidentiality, Social Media, etc.
- ___ 3. **Tour of Building**
 - ___ a. Tour of all halls, utility rooms, patient rooms, etc.
 - ___ b. Parking Areas/Smoking Areas
 - ___ c. Location of all exits, lavatories, etc.
 - ___ d. Location of emergency equipment
 - ___ e. Kitchen and dining room
 - ___ f. Activity room, library, lobbies and storage room
 - ___ g. Business Office, Administration Office, Front Desk, etc.
 - ___ h. Nurses' Stations
 - ___ i. Location of posted information, notices, etc.
- ___ 4. **Introduction of Personnel**
 - ___ a. Administrator, Assistant Administrator, Director of Nursing, Social Services Director, Activity Director/Coordinator, Food and Nutrition Services Supervisor, Maintenance, etc.
 - ___ b. Designated Supervisor
- ___ 5. **Fire and Disaster Plan and Accident Prevention**
 - ___ a. Location of fire extinguishers, fire alarms, and exits
 - ___ b. Aware of disaster plan
 - ___ c. Safety program, incident and accident reporting
- ___ 6. **Discussion of Infection Control Procedures**
 - ___ a. Isolation
 - ___ b. Communicable Diseases
 - ___ c. Handwashing
- ___ 7. **Review of Glossary of Terms**
- ___ 8. **TB Test (where applicable)**
- ___ 9. **HIPAA Education**

Volunteer Signature

Date

Social Services Director or Activity Director Signature

Date

GENERAL PHOTO RELEASE

I, _____, hereby grant SavaSeniorCare Administrative Services LLC permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of SavaSeniorCare Administrative Services LLC and will not be returned. I hereby irrevocably authorize SavaSeniorCare Administrative Services LLC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge SavaSeniorCare Administrative Services LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization or activity permitted by this authorization

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)