

Employment Information I am Employed Unemployed Retired Student

Employer's Name (or School)

Occupation

Street address

Dept. or Suite No.

City

State

ZIP code

Reasons you want to become a volunteer

Previous volunteer experience

Time commitment I can make

Special talents or skills you would share as a volunteer

Are you fluent in other languages? Yes No
If yes, what language? _____
What fluency? Basic Intermediate
 Advanced (fluent)

Teens volunteer only
T-shirt Size
 S M L XL XXL

Do you have required hours that must be completed for church, school, community service, college internship or other reasons? Yes No

How many hours? _____ Required Completion Date _____

Availability Please check the day(s) and time(s) you would be available for a volunteer assignment:

Sunday
 Mornings
 Afternoon
 Evenings

Monday
 Mornings
 Afternoon
 Evenings

Tuesday
 Mornings
 Afternoon
 Evenings

Wednesday
 Mornings
 Afternoon
 Evenings

Thursday
 Mornings
 Afternoon
 Evenings

Friday
 Mornings
 Afternoon
 Evenings

Saturday
 Mornings
 Afternoon
 Evening

Do you have any vacation plans that could affect your volunteer schedule? If yes, please note the dates

At times, some volunteer positions may require you to stand, walk, use hands to push and pull, reach with hands and/or arms, crouch or stoop, and potentially move residents in wheelchairs that can weigh up to 250 pounds. These positions include, but are not limited to, Recreation All House and Unit Assistants; Craft Workshop; Dining Assistant; Friendship Visitor; Horticulture Therapy; Mail Delivery; Resale and Gift Shop Associates; Resident Dining Room Hosts; Transport Services and VETSO.

Would this be difficult for you to manage? Yes No

Personal reference (over 21 and not related to the applicant)

Name

Phone no. ()

Have you been tested for TB in the last year? Yes no

***Have you ever been convicted of an offense other than a minor traffic violation? (Do not include convictions as a juvenile and/or sealed by Court Order).** Yes No

If Yes, list dates, place, court, action taken:

**A "yes" answer will not disqualify an applicant for consideration for a positions; such information is only relevant in determining whether the conviction is directly related to the position for which you are applying. Failure to honestly answer this question will result in discontinued consideration of the application or termination of volunteer role. Volunteers must meet the standards outlined in Part 955 of the Healthcare Worker Background Check Code.*

Do you have a friend that may be interested in volunteering at the Center and may we contact them with your recommendation?

Yes Name: _____ Phone: _____

No

If you are over age 55, you are eligible for the Retired Senior Volunteer Program. Would you like an application? Yes No

My employer offers a time-off program for volunteers My employer offers a donation matching program

DuPage Convalescent Center is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, ancestry, national origin, religion, age, sex, marital status, veteran status or physical or mental disabilities unrelated to your ability to perform essential job functions with or without reasonable accommodations.

Please complete the attached Confidentiality Statement

Confidentiality Statement

If accepted as a Volunteer at the DuPage Convalescent Center, I agree that:

I understand that under the Health Insurance Portability and Accountability Act (HIPAA) guidelines, resident protected health information (PHI) is required by law to maintain the privacy of medical information pertaining to our residents. PHI includes: Any individually identifiable health information that is transmitted or maintained by DPCC; Identifies an individual or offers a reasonable basis for identification; relates to a past, present or future physical or mental health condition; is created or received by DPCC.

I shall hold confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient. Discussing information about a resident with employees (other than directly involved with that resident's care) with other residents, volunteers, visitors, friends, neighbors or otherwise unauthorized individuals is inappropriate.

My services are donated to the facility without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies "for compensation" both on or off of DuPage Convalescent Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Manager of Resident and Volunteer Services.

I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on Convalescent Center property, unless I receive the express authorization of the Manager of Resident and Volunteer Services to engage in these activities.

I shall submit to a background check and examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I authorize the person(s) making tests or x-ray films to report the results to the Convalescent Center. ****TB testing is required of all volunteers and is free of charge. Parents who sign this form give us permission to administer the test.**

I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Manager of Resident and Volunteer Service.

I shall make my best effort to fulfill my commitment to the Convalescent Center by completing all assignments that I accept.

I shall at all times uphold the mission and standards of the DuPage Convalescent Center.

I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with DuPage Convalescent Center policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the department Supervisor, would make my continued services as a volunteer contrary to the best interests of the DuPage Convalescent Center.

I also certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the DuPage Convalescent Center from any liability whatsoever for supplying such information.

I have read each of the above conditions and I agree to be bound to them.

Volunteer Signature

Date

****For parents of volunteers under 18 only****

I have read and reviewed this application and give permission for my son/daughter to be a Teen volunteer at DuPage Convalescent Center. I agree to review the "Volunteer Commitment Worksheet" following my sons/daughters initial interview and contact the Volunteer Services Department if I have any concerns.

Volunteer Parent/Guardian Signature

Date