

# VOLUNTEER APPLICATION



Livingston County Center for  
Nursing and Rehabilitation  
11 Murray Hill Dr.  
Mt. Morris, NY 14510  
Peter Donlon, Leisure Time Activities Director  
(585) 243-7222  
pdonlon@co.livingston.ny.us

## Volunteer Requirements

Here is what you need to do to become a volunteer:

- Complete an annual personal and confidential health screening with our nurse, including a tuberculosis skin test (PPD)
- Fill out this Volunteer application complete, and return it.
- Once your application is received, the activity director or designee will contact you to schedule an interview.
- You will have to attend an orientation
- You need to be at least 14 years old with parental consent form up until 16 years old. (See last page)

- If no Flu Shot, you will need to keep a mask on during flu season.
- Reminder of Confidentiality
- No pictures unless signed release. None of them in their rooms.
- No foul language
- Proper dress. no high heels, open toe shoes or revealing clothing.
- Sign In & Out at the Front Desk before and after volunteering.



## Volunteer Application

Name \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_

#### **Day(s) and time preference(s):**

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

### Areas of Opportunities:

- \_\_\_ Friendly visitor / 1:1 resident visits
- \_\_\_ Assisting Activity staff with programs
- \_\_\_ Playing cards/ board games
- \_\_\_ Assisting residents with simple computer tasks (email, skype)
- \_\_\_ Transporting residents to activity programs, special events, Religious programs and/or in-house appointments
- \_\_\_ Gardening, tending & watering flower pots throughout center
- \_\_\_ Assist residents during scheduled shopping trips
- \_\_\_ Taking residents for walks or push wheelchair
- \_\_\_ Assist with volunteer clerical support
- \_\_\_ Conduct a resident class in painting, ceramics, crafts, reading group.
- \_\_\_ Resident Craft Club (Sunday Afternoons)
- \_\_\_ Other \_\_\_\_\_





## **Volunteer Confidentiality Agreement**

I understand that Federal Law requires the Center to protect health information and the personal privacy of its' Residents. The Health Insurance Portability and Accountability Act (HIPAA) provides these protections.

I understand that any and all information I may acquire as a volunteer concerning Residents, Center and Personnel must be held in strict confidence.

As represented by my signature below, I agree to comply with HIPAA requirements. I understand that I will be removed from the volunteer program if I am found to have violated these requirements.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_



**ACTIVITIES**  
**CONSENT FORM FOR MINOR VOLUNTEER**

I, \_\_\_\_\_, Parent/ Guardian of \_\_\_\_\_

Hereby give my consent for my son/daughter to participate in the **Livingston County Center for Nursing and Rehabilitation** volunteer program.

I understand my son/daughter will provide ( ) hours of service per week and will participate only in the following activities:

- \_\_\_ Friendly visitor / 1:1 resident visits
- \_\_\_ Assisting Activity staff with programs
- \_\_\_ Playing cards/ board games
- \_\_\_ Assisting residents with simple computer tasks (email, skype)
- \_\_\_ Transporting residents to activity programs, special events, Religious programs and/or in-house appointments
- \_\_\_ Gardening, tending & watering flower pots throughout center
- \_\_\_ Assist residents during scheduled shopping trips
- \_\_\_ Taking residents for walks or push wheelchair
- \_\_\_ Assist with volunteer clerical support
- \_\_\_ Conduct a resident class in painting, ceramics, crafts, reading group
- \_\_\_ Other \_\_\_\_\_

In case of an Emergency please contact:  
(PLEASE PRINT)

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date \_\_\_\_\_