

**Cedar Village
Retirement Community**

Life begins at Cedar Village.

5467 Cedar Village Drive

Mason, Ohio 45040

Phone 513.754.3100 Fax 513.336.3174

PET THERAPY VOLUNTEER APPLICATION

June 2013

Dear Friends:

Thank you for your interest in volunteering with your dog at Cedar Village Retirement Community. As a Cedar Village Pet Volunteer, you become our residents' link to the community. Your commitment shows our residents they are valued and cared for.

Volunteering is a wonderful way to share with others your skills and talents. By becoming a Cedar Village volunteer, you enhance the lives of people that are no longer able to take advantage of daily life outside our facility. You will be able to give our residents a glimpse of what your day is like, and bring ongoing happiness and laughter into their heart and home.

Attached you will find a Volunteer Application, (2) Reference Forms, a Waiver of Liability and a Pet Visit Policy and Procedure Form. Please take a moment to print these out, complete them and mail or fax them back to me *along with an updated copy of your dog's shot records*. In addition, a Pet Visit Information Sheet is included for you to keep. If you have any questions, please contact me at (513) 336-3162 or by email dslovin@cedarvillage.org

Sincerely,

Diane L. Slovin

Diane L. Slovin

Special Events & Volunteer Manager

CEDAR VILLAGE VOLUNTEER SERVICES APPLICATION

5467 Cedar Village Drive Mason, Ohio 45040

Phone (513) 754-3100 Fax (513) 336-3174

Date: _____

Miss/Mrs. /Mr. _____
(Last Name) (First Name)

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (C) _____ E-Mail: _____

Birthday: _____ Referred By: _____

Previous Volunteer Experience: _____

What type of volunteering are you interested in? _____

When are you available to volunteer? (PLEASE CIRCLE)

Weekdays: MON. TUES. WED. THURS. FRI.

Weekends: SATURDAY SUNDAY EITHER

Time: MORNINGS AFTERNOONS EVENINGS

Are you interested in volunteering on holidays? _____

Do you have any hobbies that might be of interest to our residents? _____ If yes,
what are they? _____

Do you play the piano? _____ Other instrument? _____

What other languages, if any, do you speak? _____

In case of illness notify: _____ Phone: _____

FOR OFFICE USE ONLY:

References Completed: Date: _____

Confidentiality & Liability Waiver Signed: Date: _____

Background Check Completed Date: _____

Mantoux Test Completed Date: _____

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Orientation Date: _____ Start Date: _____ # Hours per month: _____

Pet Therapy Volunteer Program & Visit Information

Pet Therapy is wonderful for people in living in a healthcare environment. Most residents are delighted to have a furry visitor but there are several things one should keep in mind while visiting at Cedar Village.

- Cedar Village requires that any pet coming in to the facility must have the following information on file (and updated yearly):
 - Proof of Current Vaccines (including rabies)
 - Signed statement regarding the animal's temperament
 - Signed copy of Cedar Village Pet Visit Policy

- Always ask before placing an animal in a residents lap. For health reasons, please do not place your pet on a resident's bed.

- Always watch the resident's hands closely when they approach an animal. Sometimes they grab an animal in an attempt to cuddle it, causing the animal to feel threatened and react negatively. For the safety of both residents and pets, please monitor the resident's reaction to your pet closely at all times.

- Pets are not permitted in the deli, dining room, kitchen or any area where food is being served and/or prepared.

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 Director 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

Parent or Guardian
(If under 18)

Date
108519

Cedar Village Volunteer Reference Form

Volunteers accepted with Cedar Village must submit TWO references from adults – other than relatives – who can speak for the applicant's suitability to assist adults living in a long-term care environment.

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:** _____

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_____ Signature of Reference	_____ Date
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Reference Name: _____

Address: _____ City, Zip _____

Phone #: _____ Email: _____

CEDAR VILLAGE POLICIES AND PROCEDURES

POLICY:	Pet Therapy Volunteer Program	POLICY #:	
DEPARTMENT:	Volunteer Services	PAGE:	Page 7 of 7
REFERENCE:		DATE:	9/1/2007
COMMENTS:			

POLICY: It is the goal of Cedar Village to offer pet visits to interested residents/tenants.

PROCEDURE: Volunteers interested in bringing their pets to visit must adhere to the following procedures:

1. The pet owner must complete a Cedar Village volunteer application and orientation.
2. The pet owner must notify Cedar Village prior to the first visit and when any change in future visitation occurs.
3. The pet owner must provide written documentation of current vaccinations and name and telephone number of attending veterinarian in advance of the initial visit (and must be updated yearly).
4. The animals must be clean, properly groomed and healthy; visitation will not be permitted if the animal is sick, vomiting, flea and tick infested or has diarrhea or open sores.
5. The pet owner will be responsible for his/her visiting pet's behavior (i.e., barking, running, jumping, biting).
6. The animal must be on a leash at all times and cannot be left unattended unless approved by the Volunteer Manager.
7. Visiting animals will not be permitted in any dining area during meal times.
8. Visiting animals will not be permitted in either the dairy or meat kitchen at any time.
9. Pet Therapy Volunteer will work with activity specialists to keep records of who they visit.
10. Cedar Village will ensure that their residents have the right to not participate in the pet therapy program and volunteers will be informed of residents who do not want to partake in the program.

Approved By:

Name

Title

Date

Name

Title

Date