

VOLUNTEER APPLICATION



****PLEASE SAVE THIS FORM AND EMAIL TO DPERRON@WAVENY.ORG****

DATE:

PREFIX:

LAST NAME:

FIRST NAME:

SPOUSE'S NAME

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

EMERGENCY CONTACT

PHONE

PHYSICIAN (OPTIONAL - FOR
EMERGENCY PURPOSES ONLY)

PHONE

EMPLOYER

PHONE

OCCUPATION

SCHEDULE

EDUCATION OR
SPECIAL TRAINING

PREVIOUS WORK
EXPERIENCE

PREVIOUS
VOLUNTEER
EXPERIENCE

COMMUNITY
AFFILIATIONS

FAMILY
RESPONSIBILITIES/
AGES OF CHILDREN

HOW DID YOU HEAR
ABOUT
VOLUNTEERING
AT WAVENY?

HOBBIES/SKILLS OR
SPECIAL INTERESTS

LANGUAGES SPOKEN

VOLUNTEER WORK
DESIRED

DAYS AVAILABLE

- M
- T
- W
- Th
- F
- Sat
- Sun

HOURS
DESIRED

REFERENCE NAME

REFERENCE PHONE

REFERENCE ADDRESS

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THANK YOU FOR YOUR INTEREST!

VOLUNTEER AGREEMENT

In consideration of my being allowed to participate as a volunteer with Waveny LifeCare Network, Inc. (“Waveny”) and other good and valuable consideration, I hereby agree to the following terms and conditions:

1. As a volunteer with Waveny, I agree that I am not an employee of Waveny, and, as a result, I will receive no wages, salary, or other compensation or benefits for my services. I understand that I am not eligible for workers’ compensation insurance.
2. I agree to comply with Waveny’s rules and standards of conduct, including those contained in the checklist for new volunteers, as may be amended from time to time by Waveny.
3. I am under no obligation to provide any services and I am free to discontinue my volunteer services at any time. Waveny may terminate my volunteer relationship at any time with or without cause, for any or no reason, and with or without prior notice, at its sole discretion.
4. I understand that my volunteer services with Waveny may subject me to risks of personal injury, damage, or loss to my property occurring during the course of my providing services to Waveny, and I accept all such risks. I am fully aware of the inherent risks associated with my participation as a volunteer, which includes, but is not limited to, bodily injury, physical and emotional injury, death, and property damage. Understanding these risks, it is still my decision to participate as a volunteer, and I assume all such risks of injury, damage, or loss.
5. In consideration of the opportunity to volunteer at Waveny, I, my heirs, assigns, guardians and legal representatives, waive and release Waveny and its officers, directors, employees, volunteers, agents, and representatives (the “Released Parties”) from any liability for personal injury, death, damage, or loss to my property sustained in connection with my volunteer participation with Waveny. I also agree that neither I nor my heirs, assigns, guardians and legal representatives will make any claim against the Released Parties for injury, damage or loss resulting from acts or omissions of any person or entity, however caused, occurring during my service as a volunteer with Waveny.

By signing below, I certify that I have read and understand the contents of this Volunteer Agreement. I further certify that I am either (1) eighteen (18) years of age or older; or (2) have delivered the consent of my parent and/or guardian to Waveny to perform volunteer services at Waveny.

Signature of Volunteer

_____/_____/_____
Date

Print Name of Volunteer

Signature of Parent and/or Guardian
If Volunteer is Under Eighteen (18) Years of Age



It is my understanding that my volunteer service is contingent upon a satisfactory passing of a sex offender/criminal background check.

I authorize Waveny LifeCare Network to perform such background checks. I state that I do not knowingly have or been exposed to any communicable disease.

Signature

Date

Printed Name

Waveny LifeCare Network



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Waveny LifeCare Network (the “Company”) may request, for lawful volunteer purposes, background information about you from a consumer reporting agency in connection with your volunteering. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you engaged as a volunteer by the Company, throughout your volunteer period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: criminal records and history; public court records; driving records; accident history.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for volunteering. I understand that if the Company engages me as a volunteer, my consent will apply, and the Company may obtain background reports, throughout my volunteer period.

I understand that information contained in my volunteer application, or otherwise disclosed by me before or during my volunteer assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Legal Name: _____ First Middle Last
Present Address: _____
City / State / Zip: _____
Phone Number: _____
Social Security Number: _____ Date of Birth: _____

Applicant's Signature

Date

* This information will be used only for background screening purposes..

CHECK LIST FOR NEW VOLUNTEERS

A. Overall Orientation

1. Waveny Mission, Goals & Objective
2. Standards of Practice – Commitment to Quality
3. Volunteer Commitment
4. Resident Population & Categories of Admission
 - Rehab
 - Respite
 - Continuing Care
 - Terminally Ill
5. Resident Rights
6. Confidentiality/Privacy/Dignity
 - A. Addressing Residents
 - B. Knocking on doors before entering
 - C. Safeguarding Information
7. Infection Control
 - A. TB Testing
 - B. Hand washing
 - C. Handling “accidents”
8. Fire Safety & Accident Prevention
9. Abuse & Neglect - identification and response
10. Sex- Offender/Criminal background check
11. Code of Conduct
12. Sign-in Procedures
13. Uniforms and Name Badges
14. Demonstration of Wheelchair Usage
15. Tour
16. Secured Unit Code Safety

B. Department Specific (as applicable to department volunteer is assigned)

1. Orientation Program –including introduction to staff
2. Specific Department Policies/Training Procedure
3. Specific Job Description/Responsibilities

The above has been explained to me, and I understand my responsibilities as a volunteer. It is my understanding that my volunteer service is contingent upon a satisfactory passing of a sex offender/criminal background check. I authorize Waveny LifeCare Network to perform such background checks. I state that I do not knowingly have or been exposed to any communicable disease communicable disease.

Volunteer’s Signature

Date

Director of Volunteers’ or designee’s Signature

Date