



Volunteer/teen Program Packet

The following steps must be completed for each new volunteer:

- Please fill out the application, sign all necessary forms included in packet, and turn completed packet into the Life Enrichment Department.
- Complete a two-step PPD skin test (for anyone volunteering at least monthly). PPDs are given Monday, Tuesday, Wednesday, & Friday between 8am & 4pm. Please let us know if we need to set up another time for you to complete a PPD test. Each PPD given should be read within **48-72 hours** following the injection.
- The Life Enrichment Department will contact volunteers once limited background check and PPD skin tests are **complete**. Volunteens (anyone under age 18) will not receive a background check.
- Please also provide us with a copy of your photo id.
- Create a volunteer schedule that meets your needs and it also required to participate in a brief volunteer orientation.

Please be sure to let us know if you have any questions or concerns.

Thank you for your interest,
Tracy Lee,
Director of Social Services/Life Enrichment

Lutheran Community Home Volunteer/teen Application	
Thank you for your interest in Lutheran Community Home Volunteer/teen Programs! Please return this application to the Life Enrichment Department.	
Contact Information	
Name- <i>(First Middle Last-please print):</i> Date of Birth <i>(XX/XX/XXXX):</i> Primary Phone Number: Secondary Phone Number: Address: Social Security Number <i>(for limited background check):</i> Email:	
All About You	
Please mark your age group: ____ 12-17 years of age ____ 18 years of age or older	
Special Skills (hobbies, interests, etc.):	
Previous Volunteer Experience:	
Previous Experience with the Elderly:	
Any family members or friends who live or work at LCH?	
Please provide two personal references:	
Reference 1 Name- Phone Number- Relationship-	Reference 2 Name- Phone Number- Relationship-
Emergency Contact	
Name- Relationship- Phone-	
Are you volunteering to complete community service hours? ____ Yes ____ No	
If yes, how many do you need and by what date are they to be completed?	
For what purpose are you required to perform community service? ____ Church ____ School/Community Organization ____ Other: _____	
*Court mandated community service positions are not available.	

Please check your volunteer interests of choice:		
Group Programs: <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Sing Along <input type="checkbox"/> Gardening <input type="checkbox"/> Parties <input type="checkbox"/> Religious <input type="checkbox"/> Exercise <input type="checkbox"/> Games <input type="checkbox"/> Wheelchair Pusher <input type="checkbox"/> Other: 	Independent: <input type="checkbox"/> Entertainment <input type="checkbox"/> Leading Groups <input type="checkbox"/> Gift Tree Shopkeeper Type of Group: <input type="checkbox"/> Other: 	1 on 1/Small Group: <input type="checkbox"/> Social Visits <input type="checkbox"/> Reminiscing/Trivia <input type="checkbox"/> Finger Nail Painting <input type="checkbox"/> Reading/Devotionals <input type="checkbox"/> Sensory Stimulation <input type="checkbox"/> Games <input type="checkbox"/> Other:

Please check your available times:				
	Mornings	Afternoons	Evenings	Volunteer Frequency:
Monday				<input type="checkbox"/> Just this once <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Lutheran Community Home is committed to providing the best quality of care for our residents. We are also committed to providing a safe environment for our residents and staff. As part of the volunteering process, LCH will conduct a limited criminal background check. The information obtained will be used for your application as a volunteer only. Your eligibility to volunteer may be contingent upon the information obtained from a background check.

 Volunteer/teen Signature & Date

 Parent/Guardian Signature & Date (if applicant is under age 18)

Parental Consent (for Volunteens under age 18)

I, the parent/guardian of _____, give permission for my child to take part in the Volunteen program here at LCH. I realize the guidelines and responsibilities associated with the program and will assist my son/daughter in complying with them. I understand and accept that if these guidelines are not followed, my child/children may be dismissed from the Volunteen program.

I recognize that it is my responsibility to see that the times my child is scheduled to volunteer will not be disrupted by other activities; furthermore, I will assume responsibility for his/her transportation.

I hereby release, remit, discharge, and relieve Lutheran Community Home from any and all claims on behalf of my child related to his/her work and Lutheran Community Home.

Parent/Guardian Signature & Date

Volunteer/teen Agreement

As a volunteer/teen of Lutheran Community Home, I agree to serve to the best of my abilities. I promise to abide by all rules and guidelines set before me. I understand that if I do not comply I may not be able to continue to serve at Lutheran Community Home.

I understand that I am to arrive on time on my scheduled days and to call or email if I am unable to be here on a scheduled day, and to behave in a mature manner at all times.

I agree to receive a two-step PPD (TB Skin Test given to all employees and volunteers). I understand that I will receive further information regarding this test during step 1.

Volunteer/teen Signature & Date

Abuse and Elder Justice Act Education for Volunteers/teens

My signature below confirms that I have received the pertinent information regarding Lutheran Community Home's Abuse policy and the Elder Justice Act information as it relates to our residents.

Volunteer/teen Signature

Volunteer/teen Certification Compliance with HIPAA

I understand that resident records including demographic, biographic, insurance, financial, and clinical information are confidential and are subject to the requirements of HIPAA. During my association with Lutheran Community Home, Inc., this type of information may be required and consequently used from file folders, display screens and computer printers. I understand that I should only access that information which I need to perform my work-related duties.

Release of this confidential information, either written or verbal, except as required in the performance of work, is a critical violation of employee conduct. As such, it may be considered reason for immediate termination and could result in civil and criminal penalties under the Health Insurance Portability and Accountability Act of 1996 as amended by the HITECH Act of 2009. I have read and understand the HIPAA policy and agree to the above statements.

Volunteer/teen Signature & Date

Print Name

Volunteer/teen Orientation

As a volunteer, I have received education on the following topics and agree to follow each designated policy and procedure:

(Please initial each line)

- _____ Our residents are the most important people at LCH.
- _____ A Volunteer's Attitude should include patience, reliability, respect, and a servant's heart.
- _____ LCH Volunteer Dress Code includes an LCH t-shirt or personal polo, jeans, capris/long shorts, and close toed shoes.
- _____ Please wear provided nametag while performing volunteer duties.
- _____ Environmental Safety-watch for wet floors, prevent falls, etc.
- _____ Emergency Preparedness-follow directions of Activities Director or staff member in charge.
- _____ Regularly washing hands and overall cleanliness are the best ways to prevent infection.
- _____ Report any resident accidents, falls, or behavioral issues to nursing staff or Activities Director.
- _____ Before entering a resident's room, please knock and introduce yourself with your name and as a volunteer.
- _____ Please do not attempt to lift resident in any way or help them to restroom. Please take resident back to their wing and receive assistance from nursing.
- _____ HIPAA Highlights-Cellphones should be kept in activity room and are not to be used in resident areas. Resident information is not to be used outside of LCH. Taking pictures of residents is also prohibited unless given prior authorization by administration.
- _____ Check with Activities or Nursing staff before offering any resident any type of food or drink.
- _____ If in doubt of performing a specific task please ask questions and voice any concerns to the Activities Staff.

Volunteer/teen Signature & Date

Life Enrichment Director or Facility Representative Signature/Date

Lutheran Community Home
111 Church Ave. Seymour, IN 47274
Phone: 812-522-5927
Director of Life Enrichment Email: eault@lutherancommhome.org