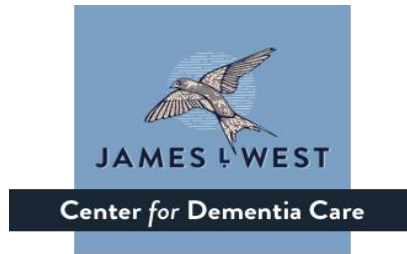


Volunteer Application



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Business Phone #: _____ Email: _____

Employer: _____

Name of School (if applicable): _____

Previous Volunteer Experience:

Why are you interested in being a volunteer?

Special Training or Education?

Do you have any talents or hobbies you would be willing to share in your work as a volunteer? (Refer to second page as well.)

How did you hear about the program?

What days and times are you available to work?

~Skills:~

(Select all that apply):

Creative Arts:

- Painting Crafting (Describe:_____)
- Scrapbooking Quilting Crocheting/Knitting
- Graphic Design Photography Sculpture Architecture
- Theater Literary Studies/Poetry Videography/Film Studies
- Dance/Movement (Describe:_____) Wheelchair/Chair Yoga
- Music: Voice Instrument: (What instrument?_____)
- Songwriter Studio Technician Other:_____

~Additional Skills/Trainings/Experiences/Specialties:~

- Veteran (Military Branch:_____ Rank:_____)
- Chaplain/Pastor/Spiritual Support Leader (Denomination:_____)
- Cosmetologist: Hair Make-Up Nail Care Other:_____
- Massage Therapist Other Specialized Therapy:_____
- Pet Therapy Other Types of Pet/Animal/Livestock Engagements:_____
- Computer Savvy Advertisements Other Technological Skills:_____
- Handyman Woodworker Gardener Other Outdoor Activities:_____
- Cooking/Baking Science Games (*Indicate Games, especially those that might be appropriate for individuals with Dementia/Alzheimer's:*_____)
- Sports (What sport?_____) Coach (Describe:_____)
- Teacher (Subject/Topic/Describe:_____)
- Language: (What language?_____)
- Other: _____

Volunteer Opportunities:

Volunteers are placed according to their interests and the needs of the residents and participants, in order to best serve and to support the mission of James L. West Center for Dementia Care

(Place a Check-Mark by the Categories that Interest You:)

<input type="checkbox"/> <u>~Honorary Volunteer~</u> <i>(~Families & friends of residents/participants, JLW Affiliates, or other designated "Honorary Members.")</i>	<input type="checkbox"/> <u>~11th Hour Volunteer~</u> <i>(~Provides additional individualized support to JLW residents who are actively passing. Caregiver relief is also provided as needed.)</i>
<input type="checkbox"/> <u>~Veteran Volunteer~</u> <i>(~Current and Active-Duty military service personnel connect with other residents whom are veterans.)</i>	<input type="checkbox"/> <u>~Final Salute & Final Farewell Volunteer~</u> <i>(~Maintains the closet with items for this program, maintains the flags for to be used to Honor Veterans who have passed, assists with making blankets to be placed over JLW residents who have passed, and assists with the program in any way as needed.)</i>
<input type="checkbox"/> <u>~"Welcome to the JLW Family" Volunteer~</u> <i>(~Welcomes and assists new JLW residents and families with feeling 'at home' when they first arrive. ~Puts together welcome gifts/baskets for residents and families as able.)</i>	<input type="checkbox"/> <u>~Arts & Crafts Volunteer~</u> <i>(~Hosts &/or assists with creating meaningful arts & crafts projects with residents/participants/families. ~Hosts "Arts/Painting with a Twist" ~Puts together an art display to share with the community, etc. ~Scrapbooking, holiday crafts, paint by numbers, etc.)</i>
<input type="checkbox"/> <u>~"Keeping Our Home Beautiful" Volunteer~</u> <i>(~Assists with maintaining the beauty of the JLW houses and building, making it feel like home- whether it be through simple decorating (as approved), cleaning/preparing tables and residents for mealtimes, assisting with other housekeeping needs as needed, maintaining the plants, assists with making sure that the overall environment is warm & welcoming- "Just Like Home!", etc.)</i>	<input type="checkbox"/> <u>~"Memories-in-the-Making" Volunteer~</u> <i>(~Creates special legacy projects with residents/ participants/families. <u>Such as, the following:</u> ~Legacy bears, pillows, blankets, and other items. ~Hand-prints, hand-molds, special approved recordings, etc. ~Letters to loved ones, etc.)</i>
<input type="checkbox"/> <u>~Expressive Arts Volunteer~</u> <i>(includes-Music, Dance, Theater, etc.)</i> <i>~Share your special 'Expressive Arts' talent by making room visits and/or hosting a performance. ~Teach/Engage with your talent to others. (such as, dance/movement class, reading a simple theatrical script, simple music class, etc.) ~Assists with "Music & Memory Program"(as needed)</i>	<input type="checkbox"/> <u>~"Staying Active!" Volunteer~</u> <i>(~Hosts &/or assists with leading simple exercises, wheelchair yoga, etc. ~Explores the gardens and/or gardening ~Plays various physical games, ~Bean bag toss, balloon/noodle volleyball, basketball toss, golf, croquet, horseshoes, etc.)</i>
<input type="checkbox"/> <u>~"Food for the Soul!" Volunteer~</u> (Satisfy those taste buds!) <i>(~Hosts & plans cooking/baking time with residents/participants in a safe environment. ~Can also include gathering or creating recipes~)</i>	<input type="checkbox"/> <u>~"Everything Science!" Volunteer~</u> <i>(~Hosts & plans safe & fun science experiments with residents/participants. ~Educates residents/participants about anything "Science-Related!")</i>

<p><input type="checkbox"/> ~“Everything Social!” Volunteer~ <i>(~Hosts Social Hours-Tea Time, Coffee Time, Happy Hours ~Assists with Birthday Celebrations ~Plays various table games & puzzles (Bingo, large checkers, cards, dominoes, Pictionary, etc.) ~Building Items (blocks, pvc pipes, logs, Jenga, etc.) ~Flower arranging or other appropriate sensory engagements, such as exploring sensory mats and other safe and appropriate sensory items. ~Book Club, crocheting/knitting/Sewing Club & other clubs, karaoke, hobby days, reading daily chronicles, newspapers, & magazines with residents, writing letters to the family, etc.)</i></p>	<p><input type="checkbox"/> ~“Bus Trip!” Volunteer~ <i>(Assists the residents/participants with going on day trips in the bus to fun & special places within the community. Helps the residents/participants get on/off the bus and assists them with exploring the fun & special places.)</i></p> <hr/> <p><input type="checkbox"/> ~“Learning League” Instructor & Volunteer~ <i>(~Hosts Informative Teaching Sessions with pre-approved topic(s) by Volunteer Coordinator.)</i></p>
<p><input type="checkbox"/> ~Emotional Support Companion~ <i>(~Provides companionship and emotional support to residents/participants/families as needed and appropriate. Sometimes residents do not get many visitors and desire occasional comfort and companionship from others, while doing what they love! This can include some of the following: watching their favorite movie/show with them, sitting outside with them, reminiscing/socializing, etc.)</i></p>	<p><input type="checkbox"/> ~Spiritual Support Companion~ <i>(~Provides spiritual support in addition to chaplain visits as needed and appropriate. This can include individualized or group visits dependent on the need ~Singing Hymns or even leading simple Bible Studies.~)</i></p>
<p><input type="checkbox"/> ~Relaxation Support Companion~ <i>(~Provides anything relaxation-wise to residents/participants as needed and appropriate. This can include some of the following: compassionate touch, nail spa, garden visits, wheelchair yoga, meditation, etc.)</i></p>	<p><input type="checkbox"/> ~“Kids of Joy!” Volunteer~ <i>(~Bring your children to interact with residents and participants in their favorite and special ways. At least the parent or responsible guardian is required to complete application, and will verify general health info on behalf of the child.)</i></p>
<p><input type="checkbox"/> ~“Love Our Pets” Volunteer~ <i>(~Assists with taking care of and loving on JLW’s beloved pets (rabbit & fish; feed fish, feed/clean-out/brush/pet/maintain rabbit area) ~Takes the rabbit around to visit with residents to pet and to be loved on! Additional training will be provided.)</i></p>	<p><input type="checkbox"/> ~Pet Therapy Volunteer~ ~‘Pet Therapy’ Card is Required. ~Vaccination record is Required. (Unless otherwise noted/discussed)</p> <hr/> <p><input type="checkbox"/> ~Pet Companion Volunteer~ <i>(Other pre-approved animal companion) ~Vaccination record is Required. (Unless otherwise noted/discussed.)</i></p>
<p><input type="checkbox"/> ~Additional Specialty Volunteers~ <i>(such as, Massage Therapy, and other approved specialties) ~Share your special talents and trainings with JLW residents & families. (Will be evaluated, observed, and approved to make sure safe and suitable for the residents/families & environment)</i></p>	<p><input type="checkbox"/> ~Administrative Volunteers~ <i>(~May assist with fundraising, special projects & events, front desk, other administrative support needs.)</i></p> <hr/> <p><input type="checkbox"/> Other Volunteer Ideas? Please feel free to share them with us! _____ _____</p>

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT APPLICATION DISCLOSURE

It is the policy of James L West Center for Dementia Care to promote an environment in which residents who receive volunteer services can expect to do so in a safe environment. Therefore, a criminal background screening will be completed on all those who volunteer at the West Center.

Please list below all the states and counties of residence for the past five years.

City/Town	County	State	Dates From	To

The information contained in this application is correct to the best of my knowledge. I hereby authorize James L West Center for Dementia Care and its designated agents and representatives to conduct a review of my background. I understand that my role as a volunteer is conditional until a background check is completed.

Social Security Number: _____

Date of Birth: _____

Applicant's Signature: _____

Date: _____

~References:~

(Please Provide 'Two' References)

~(1)~

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

~(2)~

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

~Emergency Contact Information~

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

(~Note~: Potential Volunteers will also be asked to complete a TB Test and to provide additional health information, such as COVID shots, as appropriate to meeting CDC Health Guidelines and according to the JLW Director of Nursing & Administration Recommendations.)

JAMES L. WEST CENTER FOR DEMENTIA CARE

Volunteer Service Statement and Agreement

This is a legal document. Please read it carefully before signing.

I make this Statement and Agreement in order to provide, and to be authorized to perform, volunteer services to the James I. West Center for Dementia Care (the Center).

The specific nature and scope of these services shall be arranged between me and the Director of Programming of the Center.

In consideration of the opportunity afforded to me to perform the above referenced volunteer services, I hereby agree as follows:

- I shall hold as absolutely **CONFIDENTIAL** all information that I may obtain directly or indirectly concerning residents and/or participants, doctors, or staff. I will not take photos of residents/participants or post to social media as this is done by JLW Staff.
- I will perform the volunteer service in compliance with the standards and specifications established, or approved.
- I shall be punctual and conscientious; conduct myself with dignity, courtesy, and consideration of others; and endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to the Center by completing all volunteer assignments that I accept.
- I shall attempt to resolve any problems related to my volunteer assignment with the Volunteer Coordinator and anyone I am assigned to work with.
- I shall not solicit my political or religious beliefs to residents and/or participants and/or their families.
- I understand that it is a violation of the Center policy to solicit business or act as an agent for outside business or to solicit business from resident's families or staff.
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on Center property, unless I receive the express authorization of the Director of Volunteer Services to engage in such activities.
- I know of no reason, medical or otherwise, which would prevent me from performing the tasks required.
- I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them.

- I understand I am not an employee of the Center and that no workers' compensation or medical insurance benefits are provided to me.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with Center policy; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; (d) any other circumstances which in judgement of the department director would make my continued service as a volunteer contrary to the best interest of the Center.
- I am aware that in connection with my volunteer activities at the Center I may be exposed to bodily injury or damage to my personal property. With full knowledge of the potential risks involved, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless the Center or any of its officers, agents, or employees from any and all liability, damage, or claims of any nature that arises out of or related to my volunteer activities.

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

Volunteer Signature

Date

Parent/guardian signature if volunteer under 18 yrs of age

Date

James L. West Center for Dementia Care Witness

Date

DPS Computerized Criminal history (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecordsReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	