

## Policy and Procedure: Volunteers

**Policy:** Country Meadows accepts and encourages the use of volunteers for various departmental functions. It is Country Meadows' philosophy that volunteerism is good for the volunteer, our residents and the community in general.

**Purpose:** The purpose of this policy is to provide our Community Life Representatives and Connections Representatives guidance and direction with their administration and management of the individual campus volunteer programs.

**Applies to:** All Country Meadows an Ecumenical

**Effective Date:** December 1, 2001; Rev. 12/1/06; Rev. 6/5/09; Rev. 8/1/12; Rev. 8/21/13; Rev. 6/5/2015; Rev. 9/25/2015

### Definition of a Volunteer:

- For the intent of this policy a volunteer shall be defined in accordance with the Pennsylvania Department of Public Welfare guidelines for IADL:
  - *A volunteer is defined as an individual who, of his/her own free will, and without monetary compensation, provides services for residents in the personal care home. The term does not include visitors or individuals who provide non-direct services or entertainment on an occasional basis.*

### Volunteer Qualifications:

1. Must be at least 14 years of age.
2. Volunteers for more than (16) sixteen hours within a twelve month period and is placed on the volunteer calendar in advance of hours donated.

***NOTE: Any individual who desires to donate their time to the residents of Country Meadows and Ecumenical Communities but does not meet the above requirements shall be classified as either a Youth Service Volunteer, if under the age of 14, or as a Guest, if volunteering for less than the sixteen hour minimum. In addition, these individuals shall be excluded from the training and criminal background requirements as outlined within this policy and shall be supervised while performing assigned activity and/or event.***

3. Must be dependable, good listener, compassionate, honest, cheerful, patient, mature, respectful, and be able to demonstrate good judgment concerning the rights of the residents.
4. Must appreciate and maintain the confidentiality of resident information.
5. Must engage in respectful conduct toward residents, families and coworkers.
6. To be classified as a volunteer, under the FLSA, an individual cannot receive compensation for services. The sole intent of the volunteer is to donate his or her services to the public (i.e. resident) good.

- **In order to ensure compliance with the FLSA, it shall be the policy of Country Meadows and Ecumenical Communities to compensate all hourly co-workers for all work performed in the course of his or her employment. Note: The co-worker's supervisor must approve all such work in advance.**
  - Co-workers classified as "exempt" status under the FLSA shall be excluded from the above requirements and are free to serve as volunteers within the Country Meadows and Ecumenical Communities.
- Volunteers may not be used in lieu of coworkers to perform resident services and may not be permitted to perform services that relate to direct resident care. In addition, volunteers cannot engage in activities from which the employer derives any economic advantage.

**Reports to:** Community Life Coordinator / Assistant Community Life Representative / Connections Representative / Community Life Director

**Schedule Requirements:**

The volunteer develops a written schedule under the direction of their supervisor. After an absence of one year, the volunteer needs to complete a new application and attend an orientation.

**Volunteer Program**

**Recruitment**

The Community Life Director administers the recruitment, selection, orientation, training, and scheduling of volunteer services in the facility.

**Application**

The applicant must complete a volunteer application. Consideration will be given to the applicant's interest, talents, skills and availability. These will be carefully matched with the needs of the facility.

**Consent Form for Volunteers**

If applicant is under the age of 18, a Consent Form must be signed by their parent or guardian. In addition, the "Volunteer Confidentiality Statement", is to be signed by all volunteers.

**Interview**

Upon completion of the application, the Community Life Representative will conduct a personal interview. The volunteer will be provided a tour of the facility along with general information regarding the residents, Country Meadows' Philosophy, and the types of recreational and activity programs available at the facility

**Background Check and TB testing**

A TB screen (Nursing Centers only) and criminal background check must be conducted prior to the volunteer starting in his / her role (paid for by the facility). The Community Life Representative will notify the Executive Director of the need to have a criminal background check and TB screen conducted. The facility's Employment Specialist will be responsible for

conducting the criminal background check, completing a TB screen and reporting both results to the Executive Director. The Employment Specialist will report any red flags on the TB screen to the Executive Director of Clinical Services who will determine if a TB test is needed. This process must be completed before the volunteer starts.

### **Orientation and Training**

Volunteers will be oriented to Country Meadows' policies and procedures prior to the first day of service. The Community Life Representative / Connections Representative is responsible for orientation. The Representative is responsible for ensuring that the volunteer signs the appropriate documents indicating that he or she has been oriented to Country Meadows' practices and the duties / responsibilities of the volunteer. All volunteers will be required to review the orientation program packet of the following policies and procedures as well as complete a short quiz. *The Volunteer and Ancillary Orientation and Annual Training that needs to be completed can be found online, Policy No. 1.5.01.*

- Review Volunteer Policy
- Fire Safety
  - Evaluation procedures
  - Staff duties and responsibilities during fire drills, as well as during emergency evacuation.
  - The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  - The location and use of fire extinguishers.
  - Smoke detectors and fire alarms.
  - Telephone use and notification of emergency services.
- Safety
- Resident Rights
- Confidentiality
- Work Assignments
- Smoking Regulations
- Emergency Preparedness/Medical plan
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- Reporting of reportable incidents and conditions.

All of the above training topics shall also be reviewed with volunteers on an annual basis. Other areas of orientation will be required as deemed appropriate and necessary.

### **Reporting In and Out**

Volunteers must report to the Representative when arriving and leaving the facility. A record of volunteer hours will be maintained at each facility.

### **File**

The Community Life Representative / Connections Representative will keep an individual file on all volunteers. The file will include, at a minimum, the application, and orientation checklist.

### **Gifts, Gratuities**

Volunteers may not accept cash, gifts, jewelry etc. from residents for services.

**Meal Time**

If volunteering three (3) hours per day or evening, and present at mealtime, the volunteer is eligible for lunch / dinner. The Community Life Representative / Connections Representative will purchase the meal ticket from the Activity Petty Cash. The cost of the meal ticket will be equal to that charged a co-worker.

**Name Tag / Dress Code**

A nametag will be provided for the volunteer on the first day of service. Nametags are to be worn at all times.

Shoes should be in good condition, comfortable for the day's activity. No sandals or opened toe shoes. Sneakers only when the activity requires them. No shorts, jeans, tank tops, tee shirts with logos, facial piercing, nasal jewelry, stretch pants.

**Reporting to Supervisor**

Each volunteer must report to the Community Life Representative / Connections Representative the following:

- All requests made by residents that the volunteer couldn't handle.
- Any change in a resident's condition, reaction to a change, what the volunteer did for the resident and any accidents
- Any broken or damaged equipment
- Any unsafe working areas or conditions
- Any unusual occurrences
- Any resident abuse by anyone, including but not necessarily limited to coworkers, residents, volunteers, family members etc.

**Community Life Mission for Resident Volunteers**

Country Meadows and the Ecumenical Communities provide a variety of volunteer opportunities for all residents. A resident may choose to participate in activities and events associated with his / her interests, talents or hobbies. Volunteer opportunities may include, but not be limited to the local community surrounding the campus or within the campus itself.

The residents of Country Meadows or the Ecumenical Communities may choose to participate in training programs such as gardening, baking and leadership to enhance their life or extend their vocational skills. As an example, a resident may choose to use their leadership skills to operate the gift shop / cart or to lead an after hours program for other residents with similar interests.

Residents may choose to lead a club or committees organized on the campus or join another group that might interest them. Participation in clubs and committees is on a voluntary basis and is done so without coercion and compensation. When a resident chooses to be actively engaged in their home and the surrounding community, there is purpose and meaning restored to their life.

## VOLUNTEER APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

**NAME (LAST):**

**FIRST:**

**MIDDLE:**

**STREET ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**  
**No.**

**TELEPHONE**

**PREVIOUS VOLUNTEER EXPERIENCE:**

**HOURS AVAILABLE:**

**ON WHAT DAYS WOULD YOU BE AVAILABLE?**

**MON**    **TUE**    **WED**    **THU**    **FRI**    **SAT**    **SUN**

**DO YOU HAVE ANY SPECIAL TALENTS YOU WISH TO SHARE WITH OUR RESIDENTS?**    **Yes**    **No**

*If yes, describe:*

**WHAT TYPE OF ACTIVITIES WOULD YOU BE WILLING TO HELP WITH? (LIST IN ORDER OF PREFERENCE)**

**DO YOU HAVE ANY CONVICTIONS FOR CRIMINAL OFFENSE?**    **YES**    **NO**

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION PROVIDED IN MY APPLICATION OR INTERVIEWS MAY RESULT IN DISCHARGE, NO MATTER WHEN DISCOVERED. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND INVESTIGATION INTO MY BACKGROUND AND REFERENCES. I RELEASE THIS ORGANIZATION AND ANY OTHER INDIVIDUAL OR ENTITY FROM ANY AND ALL LIABILITY, WHATSOEVER, ASSOCIATED WITH OBTAINING OR RELEASING INFORMATION ABOUT ME. I UNDERSTAND AND AGREE THAT MY VOLUNTEER RELATIONSHIP WITH COUNTRY MEADOWS MAY BE TERMINATED EITHER BY ME OR BY COUNTRY MEADOWS AT ANY TIME AND FOR ANY REASON, WITHOUT PRIOR NOTICE TO THE OTHER PARTY. I CERTIFY THAT I DO NOT HAVE ANY HISTORY OF OR CONVICTION FOR VIOLENT CRIME, MORAL OFFENSES OR OF ABUSING PERSONS, EXCEPT AS NOTED ON THIS APPLICATION. I FURTHER CERTIFY THAT I WAS NEVER DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS.

**SIGNATURE:** \_\_\_\_\_

**DATE:**

## CONSENT FORM FOR MINOR VOLUNTEERS

(IF UNDER 18 YEARS OLD)

\_\_\_\_\_ has my permission to be a volunteer at **Country Meadows**. I understand that **Country Meadows** is not liable for injuries that occur while my child is doing volunteer work. I **have read the rules with my child and we both understand and agree to adhere to them.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Volunteer Confidentiality Statement

I, \_\_\_\_\_, (*please print name*) hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility.

I agree to respect residents' rights to privacy, as well as those of the family and the facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by Community Life Coordinator or the Department Head.

**↓ SIGNED BY ↓**

VOLUNTEER	DATE
DIRECTOR OF DEPARTMENT	DATE