



Share the Care, Inc. Volunteer Application Form

Date: _____ Social Security Number: _____ Birth date: _____

Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Place of Birth (State): _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Sex: _____ Country of Citizenship: _____

Telephone Number: _____ Fax Number: _____

Education/Special Training: _____

Business Experience: _____

Are you Employed? _____ If yes, where? _____

Are you a Student? _____ If yes where? _____

Community/Church Affiliations: _____

Activities you enjoy (hobbies, interests): _____

How did you hear about Share the Care? _____

What motivated you to volunteer? _____

Please check which location (s) you can volunteer at:

Downtown Center _____ Winter Garden Center _____

Windermere Center _____ Maitland Center _____

Oviedo Center _____ College Park Center (Administrative Office also) _____

List the hours you are available to volunteer for the days listed:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Sat/Sun (special projects): _____

What volunteer roles have you done in the past? _____

What is your goal in volunteering for our organization? _____

Your Volunteer Plan for Share the Care, Inc.

Please list examples in the boxes below.

| | |
|---|---|
| <i>Why do you want to become a volunteer for us?</i> | <i>What skills, talents and hobbies do you enjoy?</i> |
| <i>What would you like to learn more about and what skills would you like to develop?</i> | <i>List what you don't like or what you never want to be asked to do.</i> |

Please check the areas in which you are willing to volunteer:

- Administrative Support Creative Writing/Design Technical Assistance
 Community Outreach Activities Companion Fix-it-Up Projects
 Event Support Daily operations at the Centers
 Other: _____

Emergency Contact:

Name _____

Address: _____

Phone Number _____ Relationship _____

References (at least one reference must be professional):

Name _____

Address: _____

Phone Number _____ **Relationship** _____

Email Address: _____

Name _____

Address: _____

Phone Number _____ **Relationship** _____

Email Address: _____

I understand and agree that I must comply with a fingerprint scan (Level 2 background check), at one of the designated locations provided to me by Share the Care. I understand that the references I have given will be contacted by Share the Care staff. This information will be kept confidential. I also agree to treat any private information that should come to my attention as privileged and confidential. I will not reveal or disclose such information to anyone other than authorized persons.

Signature/Date

CODE OF ETHICS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I am expected to do. I will keep confidential matters confidential.

As a volunteer, I acknowledge each person's right to their own system of belief and will not seek to infringe upon that right by forcing my own personal beliefs upon them.

I interpret "VOLUNTEER" to mean that I have agreed to work without compensation in money, but having been accepted as a worker I expect to do my work according to standards, as the paid staff expect to do their work.

I promise to take to my work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention. I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code, to be followed carefully and cheerfully.

Date

Signature

CONFIDENTIALITY STATEMENT

As an employee/volunteer of the Share the Care Program, I have access to clients and/or confidential information. I hereby ascertain that I will not now or any time during or after my employment at Share the Care, use this information for personal gain, nor will I make this information available to any other person for that or any purpose. Use of confidential information in an unauthorized manner will be grounds for immediate dismissal or, in the event that employment has been terminated, criminal prosecution may result.

I have read and understand the above statement.

Employee/Volunteer Signature

Date_____

NEIGHBORHOOD/RESPITE CENTER EMERGENCY PROCEDURES

The following procedures are to be adhered in when dealing with extraordinary situations at Neighborhood sites or Respite Center.

Client falls, injures him/herself, becomes ill, etc.:

- 1. Supervisor should tend to client and instructs a staff person to call 911.
- 2. Notify Respite office (office will notify caregiver, physician, or emergency contact).
- 3. Supervisor should stay with client until aid arrives; a staff person should be assigned responsibility of other clients until then.

Client wanders away from site:

- 1. Call 911 immediately.
- 2. Notify Respite office.
- 3. Supervisor should assign staff person or volunteer to look for client and stay on site with other clients.
- 4. Supervisor should stay with client until calmed; DO NOT physically restrain client.

Client becomes aggressive or abusive with staff or other clients.

- 1. Supervisor should remove client to a quiet area.
- 2. Notify respite office if client is unmanageable.
- 3. DO NOT physically restrain client.

Client refuses to eat, use restroom, or participate in activities:

- 1. DO NOT force client.
 - 2. Encourage periodically in a non-threatening way.
- If unsuccessful, notify caregiver upon arrival that client refused.

I have read and been given a copy of these procedures. I understand that failure to comply with them may lead to termination of my employment/association with Share the Care.

Signature

Date

TUBERCULOSIS TEST POLICY

Verification of negative TB and verification that the individual is free from apparent signs and symptoms of other communicable diseases.

It is the policy of Share the Care that an employee or program volunteer must have a statement from a licensed Florida health care provider that the employee/volunteer is free from tuberculosis in a communicable form and signs and symptoms of other communicable diseases within 45 days prior to beginning work or volunteer assignment at Share the Care center. A form will be provided to each center employee and center volunteer.

TB Test Locations

- **Centra Care Florida Hospital Urgent Care - \$20**
(prepaid for employees, AARP, R.E.L.I.E.F. & Work Force volunteers only)
- **CVS Minute Clinic - \$20**
- **Solantic Urgent Care- \$30**
- **Primary Care Physician**

**Note: Share the Care will reimburse/prepay a maximum of \$20 for a TB test with receipt of payment to health care provider for employees, AARP, R.E.L.I.E.L.F. & Work Force volunteers. A maximum amount of \$20 will be paid per volunteer, regardless of need for a chest x-ray.

To the best of my knowledge

Name: _____ is free from tuberculosis in a communicable form and apparent signs and symptoms of communicable diseases.

PPD Test: Results negative _____ positive _____

Date Given: _____

Date Read: _____

Chest X-ray:

Date Given: _____

Results: _____

Signature of a Florida licensed health care provider

Date

Volunteer Job Description: Activities Companion

- *Prior to placement at Share the Care, Volunteers (Activities Companions) are required to fill out a volunteer application and complete an interview and job shadowing session scheduled with the supervisor at their desired adult day center. If the volunteer is offered a placement, they will be required to complete a Level-2 Background Screening (involving fingerprints) and get a tuberculosis skin test before beginning work at the center.*
- Our Activities Companions assist staff in providing temporary relief to primary caregivers of loved ones diagnosed with physical limitations, Alzheimer's disease and other related dementia and memory loss, at the Share the Care Centers and our Neighborhood Respite Sites.
- Activities Companions provide companionship to clients while doing crafts, singing, playing games, walking, or reading aloud.
- Activities Companions participate in games and activities planned by coordinators at group sites and may plan activities ahead of time with their site supervisor.
- **Training:** An Orientation Training will be provided within the first 90 days of service with Share the Care and is required to continue volunteering. This training will be 2-4 hours. A 4-hr Alzheimer's Disease and Related Dementias certification training is to be completed within the first 6 months of placement at Share the Care.
- **Business Casual Dress Code:** Our goal is to allow employees/volunteers the ability to wear clothing that allows them to work comfortably in the workplace, while still representing a professional image for our clients and customers. Therefore, the following clothing items are not permitted:
 - Jeans/Denim, Exercise clothes, Torn/Stained clothes, Sandals/Open-toes shoes, High heels, and clothes that reveal too much cleavage or underwear.
- **Attendance and Punctuality:** Absenteeism should be communicated to your supervisor no less than three hours prior to the start of your shift. Tardiness should be communicated to your supervisor as soon as it is possible, however recurrent tardiness is unacceptable and could result in termination. Termination will occur if an entire shift is missed without a supervisor being contacted before, during or after a scheduled shift.

SHARE THE CARE CENTERS

Administrative Office/Licensed Center

COLLEGE PARK
1010 Arthur Ave.
Orlando, FL 32804
(407) 423-5311
Monday-Friday
8:30am-4:30pm

Licensed Centers

DOWNTOWN
Share the Care
800 W. Central Blvd.
Orlando, Fl. 32805
(407) 245-7955
Monday-Friday
7:30 am. – 5:30 pm.

WINDERMERE
Share the Care
St. Luke's United Methodist Church
4851 S. Apopka-Vineland Rd.
Windermere, Fl. 32819
(407) 876-9194
Monday - Friday
7:30 am. - 5:30 pm

WINTER GARDEN
First Baptist Church
81 N. Main Street Orlando, FL 32804
Winter Garden, FL 34784
(407) 654-3625
Monday-Friday
7:30 am. - 5:30 p.m.

COLLEGE PARK
1010 Arthur Ave.
Orlando, FL 32804
(407) 423-5311
Monday-Friday
7:30am-5:30pm

Neighborhood Respite Center
JEWISH COMMUNITY CENTER
OF GREATER ORLANDO
851 N. Maitland Avenue
Maitland, Florida 32751
Senior Lounge-Fridays 9:00-3:00 pm
(407) 645-5933