

Volunteer Application Form

Date: _____ **Social Security Number:** _____ **Birthday:** _____

Name: _____ **Spouse:** _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Education/Special Training: _____

Business Experience: _____

Activities you enjoy (hobbies, interests): _____

Are you Employed? _____ **If yes, where?** _____

Are you a Student? _____ **If yes where?** _____

Community/Church Affiliations: _____

What are the maximum hours you can serve? _____ **per** _____

Please check which location you can volunteer at:

Downtown Center _____ Winter Garden Center _____

Windermere Center _____ Maitland Center _____

Oviedo Center _____ College Park Center _____

How did you hear about Share the Care? _____

What motivated you to volunteer? _____

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

Date_____

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

Emergency Contact:

Name _____

Phone Number _____ **Relationship** _____

Additional Comments:

Volunteer time available: _____

Types of Respite I would like to do:

_____ Neighborhood Center

_____ Adult Day Center

References:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

I understand and agree that a routine check of my name through law enforcement records, agency files and references I have given may be made. 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

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

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

Walk-In Clinic

Solantic

Orlando – East Colonial
(Super Wal-Mart)
11250 East Colonial Drive
Orlando, FL 32817
321.354.0112
Cost: \$12

Walk-In Clinic

Solantic

(Super Wal-Mart)
1471 East Osceola Parkway
Kissimmee, FL 34744
407.452.3700
Cost: \$12

Walk-In Clinic

Solantic

Orlando – Metro West
2555 S. Kirkman Road
Orlando, FL 32811
407.362.2030
Cost: \$12

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

Activities Companion Job Description

- 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 services while doing crafts, singing, playing games, walking, or reading aloud.
- Activities Companions participate in games and activities planned by coordinators at group sites.
- Activities Companions are required to fill out a volunteer application and get a tuberculosis skin test.

SHARE THE CARE CENTERS
Licensed Centers

DOWNTOWN

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

OVIEDO

St. Luke's Lutheran Church
2029 W. State Road 426
Oviedo Fl. 32765
(407) 971-8886
Mondays – Fridays
7:30 am. - 5:30 pm

WINTER GARDEN

First Baptist Church
81 N. Main Street
Winter Garden, FL 34784
(407) 654-3625
Mondays-Fridays
7:30 a.m. - 5:30 p.m.

NEIGHBORHOOD RESPITE SITE

**JEWISH COMMUNITY CENTER
OF GREATER ORLANDO**

851 N. Maitland Avenue
Maitland, Florida 32751
Senior Lounge-Fridays 9:00-3:00 pm
(407) 645-5933