



DaySpring Assisted Living

Volunteer Application Form

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: Daytime: _____ Evening: _____

Email Address: _____

Emergency Contact: _____
Name _____ Phone _____

Are you 18 Years or Older? _____ Yes _____ No (If no, you must complete a "Minor" Form)

Are you volunteering for the purpose of fulfilling services hours? _____ Yes _____ No
(You are in charge of keeping track of your own volunteer hours)

Areas of Interest:

_____ Assist with Group Programs
_____ Arts & Crafts
_____ Exercise
_____ Parties/Special Events
_____ Bingo
_____ Letter Writing
_____ Singing
_____ Walking
_____ Entertaining

_____ One-to-One Activities
_____ Reading
_____ Active Games
_____ Religious Programs
_____ Manicures
_____ Visiting, Conversing, Listening
_____ Reminiscing
_____ Table Games/Cards

Other: _____

Days & Times Available: _____

Personal References: _____
Name _____ Phone _____

_____ Name _____ Phone _____

I, the undersigned, agree that the above statements and information are true and correct.

Signature

Date

Educational History

High School: _____

College: _____ Degree: _____

Employment History

Occupation:

Volunteer/Service Work

Why I want to Volunteer at DaySpring

Personal Qualities I can bring to DaySpring

WELCOME

We at DaySpring would like to welcome you to our Volunteer Program.

At DaySpring, our mission is to provide a safe, intimate community where Seniors' lives are enriched with personal care and love.

As a volunteer, you are a vital part of our team effort to accomplish these objectives. By giving of your time and talents you can make a significant difference in a resident's feeling of well-being and purpose.

About our Residents

Most of our residents are in their 70's, 80's and 90's. Each requires some level of assistance with activities of daily living. Some have hearing and sight impairments, Parkinson's disease, heart conditions, diabetes, arthritis, dementia, incontinence of bladder or bowel and fragile skin. All residents are human beings with fears, concerns and feelings as deep as yours. Some are suffering from depression or difficulty dealing with declining health and independence. Our residents are diverse, with different interests and needs. They are of various religious, ethnic and economic backgrounds. Just as each one of us enjoys different hobbies and interests so do our residents. *Your role as a volunteer is very important to us. You as a volunteer help to make it possible for our residents to enjoy life in spite of their health problems.*

About DaySpring

DaySpring is a non-profit Christian based facility. We have 62 rooms. We are an assisted living, not a nursing home. We are not a locked unit. We assist residents with life skills such as bathing, dressing, hygiene. We provide housekeeping and laundry services. We provide medication management and serve three meals a day. We have 24 hour staffing and do 2 hour wellness checks on every resident. To stay at DaySpring the resident must be able to transfer with minimal assistance, have manageable incontinence, must not be exit-seeking and manageable dementia.

The Rewards of Volunteering

Volunteering at DaySpring is a mutually beneficial experience. It helps the residents feel special, needed and appreciated. The residents benefit because you bring the outside world in with you. You are telling them that there are people who care about them, someone who is not family or being paid to spend time with them. You benefit from the knowledge that your presence made a difference to someone. You also have the perfect opportunity to improve your people skills, try different jobs and perhaps discover a new career direction for yourself. By helping others you are helping yourself. We also want you to know that your efforts are appreciated at DaySpring!

Ways to Volunteer

- One-to-one visits, examples are reading, games, cards, listening and conversing.
- You may assist residents to and from activities in their wheelchairs and may walk beside them.
- You may help with group activities such as Bingo, Ice Cream Socials, Tea Time, BUNCO, Group Games, Crafts, Happy Hour, Manicures, Exercise and Special Events.
- You and/or your group may provide a program such as Crafts, Parties, Singing or other Entertainment, Manicures, Baking, etc.

Volunteer Code of Ethics

Be Sure. Look into your heart and know that you really want to help others.

Be Confident. Don't offer yourself unless you believe in the value of what you are doing.

Be Loyal. Offer suggestions, but don't knock the facility.

Accept the Rules. Don't Criticize.

Speak Up. Ask about things you do not understand. Present helpful ideas to the Activities Director. Report any concern you have over resident care.

Be Willing to Learn. Use our facility as a tool to learn everything you can about working with Senior adults.

Welcome Supervision. Be pleasant and open to helpful hints.

Be Flexible. The Activities Director may need to ask you to change your type of service or you might want to try something new. Do not hesitate to tell the director what you'd like to try! Successful volunteers enjoy what they are doing.

Leave Your Problems At Home!

Take it all in Stride. Never be offended by something a resident says or does; remember that they may not be aware of what they are doing.

Be A Team Player. With volunteers and staff, we can accomplish so much more together!

Have a Sense of Humor. We all know that a good laugh is as good as any pain pill. Bring your sense of humor and positive outlook!

Be Enthusiastic! Be upbeat and positive, have good energy.

Stay on Task. Stay focused on your assigned task and always engage the residents you are working with.

Volunteer "Do's"

These reminders can help your volunteer experience be great for everyone!

Before Arriving

- Call the Activities Director or other staff if you are ill or unable to volunteer at your scheduled time.
- Keep facility up-to-date with any change of address or phone numbers.
- Wear clean, modest clothes and comfortable shoes.

When Arriving

- Sign in the "Volunteer Sign-In Book".
- Wear a Volunteer Badge with your name on it. They are in the front of the Volunteer Sign-In book.
- Let the Activities Director or other supervisory staff know that you are here to volunteer.
- Wash your hands.
- Leave valuables in a safe place in the activity room.

With the Residents

- Identify yourself as a volunteer.
- Address residents by their formal name or by the name they have asked you to use. (Not "Sugar" or "Sweetie".
- Wash hands between resident contacts.
- Comply with residents' dietary restrictions (ask Activities Director or Supervisor on duty). If you get permission to bring food, touch base with staff to make sure you know about the diabetic needs of some of the residents.
- Converse with residents at their eye level whenever possible.
- Try to keep conversations pleasant and uplifting.
- Politely refuse gifts from residents or families.

- Speak clearly.
- Initiate conversations with a greeting, smile and a compliment. (Avoid “How are you” to promote positive interaction.)
- Avoid controversial, threatening, or distressing topics of conversation.
- Avoid making promises you might not be able to keep.
- Never go into a resident’s room without a staff member present at all times.

In Activities

- Try to mingle, interact and promote resident participation
- Keep instructions simple and clear.
- Praise accomplishments.
- Stay on task.
- Have good energy and be positive.

Safety

- Inform residents before moving their wheelchair.
- Check to free wheels from resident’s feet, clothing, or other items when transporting.
- Encourage residents to keep their hands on or inside hand rests when transporting. Use a slow, even speed and smooth turns when transporting residents.
- Set wheelchair brakes after stopping.
- **Immediately** report any injuries or accidents to staff.
- **Immediately** report any health or safety concerns to staff.
- Never transfer a resident, for example, from a wheelchair to a regular chair. Let staff do that.

Work with the Team

- Eat, rest, smoke or drink only in areas as directed by your supervisor.
- Use visitor or staff bathrooms only.
- Bring any questions or concerns to your supervisor or the next appropriate person available.
- Ask before using phone for personal calls or texts.
- If working in the kitchen, talk with the supervisor before you begin helping. DaySpring provides gloves and hairnets if needed.

Scheduling

- Most Volunteer contact will be done by phone.
- Please let me know your next week’s/month’s schedule through e-mail or phone at least one week in advance.

Volunteer “Don’ts”

Even though the residents may request your help with the following situations, Resident Safety and Liability dictate that you must refrain from assisting residents in these areas:

- NEVER assist a resident in or out of bed or their chairs. You can put their call light on for them or ask a staff member to help.
- NEVER assist a resident to the bathroom.
- Please do not feed residents or bring gifts of food with first checking with the supervisor.
- NEVER discuss a resident outside of the facility.
- Confidentiality is a must!
- Volunteers may not take the resident from the facility grounds.
- NEVER give medication of any kind.
- DO NOT ATTEMPT TO HELP A RESIDENT UP WHO HAS FALLEN. CALL STAFF IMMEDIATELY.
- NEVER GO INTO A RESIDENT’S ROOM WITHOUT STAFF!!!

Dementia

The majority of our residents have some form of dementia so it is important for you to understand the basics of this disease and how to handle!

Definition of Dementia

Dementia is a permanent decline in cognitive function and memory from a previous level of function. Basically, it is a loss of mental abilities. It is a general term for a group of brain disorders. The most common type of dementia is Alzheimer's disease.

Description of Dementia

Dementia is a brain disorder with permanent loss of memory or other higher cognitive function. Dementia can either be progressive, such as in Alzheimer's disease, or may remain stable, as can be seen after a stroke or head injury. Different types of dementia can affect various cognitive functions such as memory, personality, or executive function.

By definition, dementia is permanent. A brief change in cognitive function is more often called a "delirium". Different types of dementia can affect different abilities. Some patients may get lost, have trouble remembering things, become unable to remember names of objects and people, or have trouble calculating numbers, among other problems.

In many cases, dementia may progress very slowly and it is difficult to determine when the problem precisely began. In some cases, such as when a resident has a stroke, the beginning is very sudden and noticeable.

Symptoms of Dementia

The symptoms include: loss of memory and inability to perform routine tasks such as losing one's way in the neighborhood, difficulties in job performance and language problems. In certain forms of dementia behavioral changes (such as increased aggressiveness) may be prominent. As the disease progresses, patients lose the ability to function independently and become increasingly disoriented to time and place. Wandering may become a significant problem. Patients become unable to care for themselves and grooming and dressing standards deteriorate rapidly. Patients often inappropriately forget and confuse underwear with outer garments.

Most of our residents have good long-term memory and will be able to talk with you about their lives and their history. However they do not have good short-term memory so they may ask you the same question over and over...just continue to answer their question with a smile.

They may get confused and tell you they need to leave to get to their job, or they need to get in the car and pick up their kids from school, or they are waiting for their husband to pick them up to go to dinner. Don't try and argue and rationalize with them; this will only make things worse. Try and redirect them with something like, your husband is picking your kids up from school so you do not have to worry. Try and comfort them and calm the agitation.

If you are ever uncomfortable with a situation with a resident don't hesitate to get a staff member. That is what we are here for! I want to make sure that your volunteer experience is always a positive one.



DaySpring Assisted Living

Volunteer Agreement

Volunteer Name: _____
Please print your name. Thank you.

Group Name: _____

I/We have agreed to participate in the Volunteer Program at DaySpring Assisted Living and abide by the program guidelines.

Group Name

Contact Name

Mailing Address

City

Zip

Home Phone

Cell Phone or Other

Signature

Date



DaySpring Assisted Living

Volunteer Confidentiality Statement

As a volunteer, I understand that federal law mandates to the facility the responsibility to protect its' residents and personnel from any unauthorized invasion of the individuals' right to privacy.

I understand that information concerning the residents and personnel shall be held in strict confidence and never discussed with anyone outside or inside the facility.

I understand it is the policy of this facility to respect residents, family and employees' right to privacy regarding their experiences in the facility.

I understand that all actual or incidental information about residents, families, employees, or facility functions to be kept in strict confidence.

As represented by my signature below, I promise to honor and respect the rights and confidences of the residents and personnel of this facility.

Signature

Date



DaySpring Assisted Living

Volunteer Orientation Check List

Volunteer Name

Date

1. Tour of Facility including:

- ____ Location of public restrooms
- ____ Location of fire extinguishers
- ____ Location of pull cords and call buttons
- ____ Location of Volunteer sign-in sheets
- ____ Location of name tags
- ____ Location to store personal belongings
- ____ All other rooms and gathering areas

2. Volunteer Packet

- ____ Volunteer Agreement Signed
- ____ Volunteer Application Signed
- ____ Criminal History Check Signed
- ____ Volunteer Confidentiality Statement Signed
- ____ Consent for Minors (is applicable) Signed
- ____ Check List/Confirmation of Orientation Signed

I, the undersigned, have received Orientation:

Volunteer

Date

Activity Director/Supervisor

Date



DaySpring Assisted Living

Consent for Minor Volunteer

I, _____, Parent/Guardian of

_____, hereby give my consent for my son/daughter to participate in the volunteer program at DaySpring Assisted Living.

I understand that as a minor, my son/daughter will only be allowed to participate in group activities supervised by a Parent/Guardian or the Activities Director.

My son/daughter will provide _____ hours of service each week and will participate in the following activities:

In case of emergency, please contact:

Name

Phone

Name

Phone

Signature of Parent/Guardian

Date

