



Volunteer Application

Please fully complete this application and submit it to the Front Desk. Please allow one week for the Administrator to contact you. Please note that you must be at least 13 years old to volunteer at Rest Assured Residential Living.

Name: _____

Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Can we send information such as calendars and mailings to you by email? _____

Have you ever been employed by RARL? _____

If yes, when: _____

Supervisor: _____

Are you a relative of an employee or resident of RARL? _____

If yes, who: _____

Are you age 13 or older? _____

Are you age 18 or older? _____

Date you are able to begin volunteering: _____

Date you plan to stop volunteering: _____

How did you hear about us? _____

Are you volunteering for personal interest or school related? _____

If your volunteer work is a requirement for an organization or agency, please specify:

How many hours are required? _____

How often are you planning to volunteer (*daily, weekly, monthly, etc*)?

What time of day are you most likely to volunteer (*Please circle one of the following*):

Morning (9:30-12:30) Afternoon (12:30-4:30) Evening (4:30-8:00)

Do you have any special talents or skills to share at Rest Assured Residential Living?

List any convictions of felony or misdemeanor, excluding minor traffic violations:

References (non-family)

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Please indicate which volunteer opportunities would be of interest to you. Please check all that apply:

Group Activities with Residents

- Assist with or lead games
- Assist with or lead artistic projects
- Entertain: sing, play an instrument, dance, etc
- Assist with or lead group singing
- Assist with special events and parties

Small Groups or One on One with Residents

- Assist residents with attending in-house appointments (rehab or beauty shop)
- Visiting individual residents to provide them with company
- Reading to residents
- Assisting residents on walks
- Delivering mail to residents
- Assist residents with writing letters

Other Volunteer Opportunities

- Clerical such as filing, copying, mailing, etc
- Assisting with organizing supplies
- Gardening or Landscaping

HIPAA Facts

HIPAA defined is the Health Insurance Portability and Accountability Act. The Federal Government created HIPAA guidelines and standards to further protect and secure private patient information. These guidelines have been in place since April 14, 2003. As volunteers at Williamsport Retirement Village, you will need to understand and agree to the following:

- All information about residents is confidential. This includes a person’s name, address, age, medical condition, social security number, medications, and caregiver notes. Do not share this type of information written on paper, by fax, by computer, or spoken.
- Do not discuss residents with anyone who do not need to know the information to care for the resident.
- When personal protected health information is shared with the wrong person, it becomes gossip.
- The Federal Government can impose jail time or fines ranging from \$100-\$250,000 for those who are found guilty of disclosing someone’s protected health information.

Confidentiality Statement

I will not discuss any information that I have learned while volunteering my services, regarding a resident of *Rest Assured Residential Living* outside of the facility. Within the facility, I will not discuss information regarding a resident with anyone except those involved in the care of the resident, or those filing resident information. I will not request information about a resident for my own personal use. Failure to comply with this policy may result in termination of my volunteer services.

Volunteer Signature: _____

The following is to be completed by Guardians for Minors under the age of 18 years:

I allow my child to participate in the *Rest Assured Residential Living* volunteer program. I have read and understand the HIPAA Facts. I understand that my child is responsible for upholding these laws while he/she is on and off the RARL campus. I understand that should my child not follow these guidelines, miss scheduled volunteer times without notice, and/or give poor volunteer performance, dismissal may occur.

Parent Signature: _____

Marketing/Release Authorization

I authorize *Rest Assured Residential Living* to use my photo or video image for media purpose. I release *Rest Assured Residential Living* from all responsibility in connection with his media release. The facility may photograph me and use the negatives, prints, and/or video for present and future advertising purpose.

With my initials below, I authorize my story, “life sketch”, and/or video image to be used in the following media sources:

Facility Newspaper

Local Publications

Brochures and Flyers

Website Photos

Video Productions

Facility sponsored memorial services (RARL may include images and stories about my life in a “life sketch” to be shared with other residents and family members

Other: (specify): _____

Permission to use my picture/image specifically excludes the following use(s):

I do not wish my picture to be published in any form of advertising.

I understand that I may revoke or revise this authorization at any time. This authorization will remain in effect unless revoked or revised by the volunteer.

Signature of Volunteer or Guardian

Date

Volunteer Criminal Background Check Policy

It will be the policy of Williamsport Retirement Village to conduct criminal background checks for volunteers who meet specified criteria. WRV will utilize the Fair Credit Reporting Act as the reference basis for procedural use of criminal background checks. All volunteers must agree to the following procedure:

- All new volunteers must receive a background check before beginning volunteer services with Williamsport Retirement Village.
- A decision to accept volunteers is made by the volunteer coordinator and/or Williamsport Retirement Village Administration.
- Completed application for background information is will be submitted and retrieved by hiring personnel to/from HireRight, Inc.
- Adverse findings or a positive screen may preclude your interest in volunteering at WRV.
- HireRight, Inc. will receive authorization and reimbursement for one background check per volunteer applicant.
- Maryland Statewide criminal record checks have a 24-48 hour turn around time and county criminal record checks outside of Maryland have a 3-4 day turnaround time. Turnaround time excludes weekends and holidays.

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize **Williamsport Retirement Village** by and through its independent contractor **HireRight, Inc.**, to procure a consumer report and/or investigative report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living, discerned through employment and education verifications; personal references, personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **HireRight, Inc.** of such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. §1681 *et seq.* I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to **Williamsport Retirement Village**, by and through **HireRight, Inc.** including by not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources.

I hereby release **Williamsport Retirement Village**, by and through **HireRight, Inc.** and any and all persons, business entities and government agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or other making such

claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized I understand that the Authorization/Release form shall remain in effect for the duration of my employment (or volunteering) with said company. Further, I certify that the information contained on the Authorization/Release form is true and correct and that my application for employment (or volunteering) will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Printed Name (First, Middle, Last): _____

Other Names Used/Dates Used: _____

Social Security Number: _____

Daytime Phone Number: _____

Driver's License Number: _____ State of Issue: _____

Date of Birth*: _____ Please circle one*: Male Female

Addresses for the Past Seven Years:

Street	City	State	Zip Code	County	Dates
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Street	City	State	Zip Code	County	Dates
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Please make sure the above section is completed entirely, including information that may be repeated from previous pages of this application. If more space is needed, please use other side of this sheet or include a separate sheet of paper. We can not process your application without this section fully completed. Thank you.

** This information is used for identification purposes only.*