



**Volunteer Application**

*Please fully complete this application and submit it to Reception. Please allow one week for the Volunteer Services Coordinator contact you. Please note that you must be at least 13 years old to volunteer at Williamsport Retirement Village without a guardian present.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Can we contact you by email? YES NO

*(If yes, please watch for emails from [ksigler@bgf.org](mailto:ksigler@bgf.org) to schedule your orientation.)*

Have you ever been employed by WRV? YES NO

If yes, when: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Are you a relative of an employee or resident of WRV? YES NO

If yes, who: \_\_\_\_\_

Are you age 13 or older? YES NO

Are you age 18 or older? YES NO

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 to fulfill a school/organization/agency requirement? \_\_\_\_\_

If your volunteering is a requirement for a school, organizations, or an agency, please specify what school/organization/agency:

How many hours are required? \_\_\_\_\_ By what date? \_\_\_\_\_

Approximately how often are you planning to volunteer (*i.e. daily, weekly, monthly, as needed, etc*)? \_\_\_\_\_

What approximate 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 Williamsport Retirement Village?

---

---

---

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, etc

Assist with large special events, picnics, and parties

Small Groups or One on One with Residents

Assist with Bible studies, prayer, or other spiritual needs

Assist residents with attending in-house appointments (rehab or beauty shop)

Visiting individual residents (reading, writing letters, playing cards, walks, etc)

Assisting with providing manicures

Delivering mail and/or newspapers to residents

Other Volunteer Opportunities

Clerical assistance (*i.e. 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 Williamsport Retirement Village 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 Williamsport Retirement Village 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 WRV 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 Williamsport Retirement Village to use my photo or video image for media purpose. I release Williamsport Retirement Village 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- Village Post, Volunteer Newsletter

\_\_\_ Local Publications- Herald Mail

\_\_\_ Brochures and Flyers

\_\_\_ Website Photos

\_\_\_ Video Productions

\_\_\_ Facility sponsored memorial services (WRV 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 HEALTH INFORMATION

### **\*Influenza Vaccination**

It is strongly encouraged that all staff, volunteers, and residents receive the influenza vaccination during flu season (*approximately October through May*). Flu shots will be offered free of charge at this facility to all volunteers during flu season. Please provide us with a copy of vaccination records if you receive your shot at another location. All volunteers and staff who decline to receive the flu shot will be required to wear a mask during flu season while in patient care areas. More information about flu vaccines can be provided by Williamsport Retirement Village prior to receiving vaccination or upon request.

Please check one that applies:

I plan to receive a flu shot from this facility during flu season.

I plan to receive a flu shot outside this facility and will provide documentation to WRV during flu season.

I plan to decline to receive a flu shot during flu season and will wear a mask in patient care areas during flu season as designated by WRV.

### **\*Tuberculin Skin Testing (TST)**

In order to protect the health of the residents, employees and volunteers of WRV, we are encouraging all volunteers who will volunteer more than 8 hours per week to have a **Tuberculin Test** (*TST formerly called PPD*) prior to actively volunteering. A Licensed Nurse will administer the test at this facility free of charge. If you are a minor, we need written consent from a parent or guardian to perform the test.

Please check one that applies:

I plan to volunteer more than 8 hours per week and accept to have a TST administered by this facility. Please consider my signature below as consent.

I plan to volunteer more than 8 hours per week and decline to have a TST administered by this facility.

I do not plan to volunteer more than 8 hours per week and therefore decline to receive the TST.

***Signature of Volunteer:*** \_\_\_\_\_

***Signature of Parent/Guardian (Minors under the age of 18 only):***  
\_\_\_\_\_

*\*Please include record of a recent PPD and/or influenza vaccine with this application if possible.*

### **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 will be submitted and retrieved by Volunteer Services 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:* \_\_\_\_\_

**Information for Background Check**

**Please complete this section 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.**

Printed Name (First, Middle, Last): \_\_\_\_\_

Other Names Used/Dates Used: \_\_\_\_\_

Social Security Number (*REQUIRED for all applicants 13 years or older*):

\_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Please circle one\*: Male Female

**Addresses for the Past Seven Years- please include dates you lived there:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at this address (*month and year*): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at this address (*month and year*): \_\_\_\_\_

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