

Hello!

Thank you for your interest in volunteering at Silver Maples of Chelsea!

Attached is the volunteer packet. It includes:

- Application
- Volunteer compliance/confidentiality statement
- Photo Release Form
- Tips for Working with Seniors
- Volunteer Activity Opportunities

At first, this might seem like a lot of paperwork, but please know that we have to be thorough with people working with seniors, who are sometimes considered a vulnerable population.

Please plan to complete this packet and then we can set up a time for a tour of Silver Maples and talk about what you'd like to do when you are volunteering at Silver Maples.

It's easiest to communicate via email

wmahoney@silvermaples.org , but you can also call me at
734-475-1490 Ext. 234

I hope to meet you soon. Thanks again!

Sincerely,



Winn Mahoney

Activity and wellness coordinator/Volunteer Coordinator



SILVER MAPLES
of Chelsea

Volunteer Information Form
Silver Maples of Chelsea
 (This information is confidential)

Today's Date _____

Name _____ Address _____
 City _____ State _____ Zip _____ Birthday _____
 Telephone Numbers _____ Social Security # _____
 Email Address _____
 Marital Status _____ Spouse's Name _____
Are you available? AM _____ PM _____ Weekend _____ Summer _____ Winter _____ Weekday(s) _____
 Comments of availability: _____

Help us learn more about you and your preferences for placement:

How did you choose Silver Maples for Volunteer work?

Friend/Relative _____ Advertisement _____ Silver Maples Reputation _____ Brochure _____
 Employee/Former Employee _____ Resident/Former Resident _____ Other _____
 Comments: _____

Do you have specific talents, interests, and hobbies you would like to use at Silver Maples?

Yes _____ No _____ (e.g. musical, clerical, etc.)

If yes, please describe talent or hobby and how you would like to share it:

Have you completed any special training? Yes _____ No _____ (e.g. computer, woodwork, etc.)

If yes, please describe: _____

Type of work you would be interested in: (check as many as are applicable)

Gathering Resident for In-House Activities	Assisting on Trips and Outings	Games, cards, puzzles,
Reading newsletters/calendars/mail	Orient New Residents	One-on-One Visits
Lead or Assist in Craft Classes	Interview Residents for Life Stories	Teaching Computer Classes
Cooking/Baking	Take Residents Walking	Personal Resident Assistance
Writing Cards/Letters for Residents	Clerical	Assist at In-House Events

If other, please explain:

Do you have any special medical problems that may interfere with certain types of work?

Yes _____ No _____ Can you lift at least 50 pounds? Yes _____ No _____

If yes, please explain: _____

In case of emergency, notify:

Name _____
Relationship _____ Address _____
City _____ State _____ Zip _____ Phone _____

Work Information: Present or Former (please circle one)

Place of Employment _____ Phone _____
City _____ State _____ Zip _____
Your position _____
Can you be contacted there? Yes _____ No _____

Other information you would like to share: _____

Please list three references we may contact:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

FOR OFFICE USE ONLY

Date interviewed _____ Special Volunteer Training _____
Date assigned _____ Silver Maples Orientation _____

Interviewer Signature _____

SILVER MAPLES OF CHELSEA

VOLUNTEER COMPLIANCE AND CONFIDENTIALITY STATEMENT

As a volunteer of Silver Maples of Chelsea, I agree to abide by Silver Maples Code of Conduct, including all policies pertaining to confidential Resident and Community information.

I understand that:

1. I will have access only to Resident or confidential Community information required to perform my job.
2. Confidential information can be in any form, e.g., observed, verbal, written, or computer based.
3. The definition of breach of confidentiality is when someone receives or communicates any Resident or Community information without clinical need or a legal right to the information.
4. I cannot look up or access information on friends or family members unless I need the information to perform my job. If I believe that I must access the information, I must first inform my supervisor of my relationship with the Resident and obtain direction.
5. If I work with computers, I will not use another person's password or share my password.

I understand that it is my duty to report any activity that appears to violate the Code of Conduct or any law, rule, or regulation, and that I should report this to my Department Director, an Administrator, or Silver Maples' Executive Director.

I am aware that a violation of the Code of Conduct may result in disciplinary action, up to and including discharge from my position as a volunteer.

Volunteer Signature

Date



PHOTO RELEASE FORM

I hereby give Silver Maples of Chelsea permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting the community in all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become property of Silver Maples of Chelsea.

I hereby irrevocably authorize Silver Maples of Chelsea to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Silver Maple's community or programs. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Silver Maples of Chelsea from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

.....
If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

TUBERCULOSIS SKIN TEST INFORMATION FOR VOLUNTEERS

Dear Volunteer,

All staff and volunteers need to have 2 TB tests. The good news is that we give this for free!

Each shot needs to be given one day and read two days later.

The test can be administered by scheduling an appointment with Kim Parkanzky (Ext. #247) or Nancy Kelso (Ext. #209), the managers on staff at 734-475-1490. The test can then be read 2 days later between 9 and 4:30pm.

Just stop in to the Meadow's Reception Desk. Tell them you are a new volunteer and need a TB test. Kim Parkanzky and Nancy Kelso are the managers who administer these tests. It just takes a couple of minutes.

If you have any questions about the TB shot, please feel free to call Kim or Nancy at 734-475-1490.

Thanks!

Cece Keiser
Volunteer Coordinator/Maples Club Coordinator

Silver Maples of Chelsea

Dear Parent or Guardian,

To work at Silver Maples we need to do a Tuberculosis skin test. The test only takes a few minutes and must be checked in three days by the employee health nurse. The Tuberculosis skin test must be repeated yearly. If your son or daughter is not 18 years old, we need your permission to give this test to them now and each year following that your child chooses to volunteer at Silver Maples. If you have any questions, please feel free to call us at 734-475-1490 and talk to one of the managers on staff.

Volunteer's Name _____

Parent or Guardian Signature _____

Parent or Guardian (Print) _____

Date _____

Thank you,

Cece Keiser

Volunteer Coordinator/Maples Club Coordinator

VOLUNTEER ORIENTATION CHECKLIST

- Orientation / Interview
- Silver Maples Tour and Introductions
- TB Test
- Name Tag
- Volunteer Information Forms Completed & Signed
 - Application
 - Confidentiality Statement
 - Minor TB Release
 - Photo Release
 - Consent & Disclosure Statement
- Dress Code
- Sign in/out sheet
- Newsletter and Calendar
- Video viewed and returned

COMMON DISABILITIES

As a volunteer, you may be visiting people with disabilities. Below are some of the effects of these disabilities upon the physical well-being of the Resident and upon his/her personality.

TYPES OF DISABILITIES MOST FREQUENTLY ENCOUNTERED

STROKES:

After a stroke, a Resident is often weak. Certain parts of his/her body may only have partial or limited use. Speech may be impaired and at times there may be personality changes. He/she may have definite limitations for participation in activities, but should be made to feel like one of the group and should play as active role as possible.

HEART DISEASE:

Residents with severe heart conditions or high blood pressure can tolerate normal daily activities with frequent rest periods. The resident cannot be over exerted or be exposed to a high degree of tension or sudden emotional shock. Any pain that the Resident complains of in the neck, arm or chest area should be reported to a Nurse immediately.

DEMENTIA:

Dementia is a pronounced and abnormal loss of mental or emotional control in the elderly. It is caused by physical or mental deterioration or a combination of the two. By the age of 70, most people have some degree of physical changes, but not all are demented. Psychological change is the most common cause of dementia and is believed to result from a loss of interest and stimulation, in addition to physical illness.

BLINDNESS:

When approaching a blind Resident, introduce yourself at once. It is wise to shake hands as a friendly contact. Be natural about using term "blind" and "see". To help guide the Resident, place his/her hand on the back of a chair, a handrail or on the framework of a cart, then he/she can assist him/herself. Offer your arm, don't take the Resident's as this may startle them. Touching the back of his/her hand with your's is usually an effective cue. Reading aloud, writing letters and shopping are appreciated services. Although the Resident may not be able to see, his/she still maintains his/her intellect and is capable of making his/her own decisions.

DEAFNESS:

Residents with partial hearing loss may have hearing aides that allow adequate hearing. When speaking with a Resident, speak only after you have attracted his/her attention and know he/she is watching you. Avoid standing with your back to the light; when your face is well lit the Resident can watch your lips and facial expressions. Speak naturally and do not talk too rapidly or too loudly (never shout). Use complete sentences. In some cases, it may be beneficial to have paper and pen available to aide in communication.

TIPS, THOUGHTS AND IDEAS TO MAKE YOUR VISIT EASIER.

WHEN A RESIDENT CRIES:

What should you do when you see a resident who is crying? Your first reaction might be to say, "Now, now, don't cry. Everything will turn out okay for you, I'm sure. Let's put on a happy face," or some other such expression you intend to be reassuring. But if you really want to help the person who is crying, you should allow them to cry and not make them feel there is something wrong with it. You do this by simply asking, "What's the matter?" and then listen carefully to what they tell you. Let them feel that you are there for them to lean on and that you will give them all the help they need within your capabilities. Trying to get a person who is crying to put on a happy face may make you feel more comfortable and less helpless, but it doesn't do a thing for the person who is crying.

MEMORY LOSS:

When a resident who is suffering from severe memory loss asks you what day it is, you may think it will stimulate their thinking to respond, "What day do you think it is?" However, anyone with a severe memory loss also has lost the ability to reason, so is not capable of logical thinking. Having a person like this try to guess is useless, since he may not even be able to name the days of the week, the months of the year or even his own name. The best way to respond is to give him the correct information promptly. Any other response fosters undue stress and frustration.

WHAT ARE YOU GOING TO DO:

What should you do when the older person you are with acts hostile toward you, either by saying something unkind or taking a swing at you? The natural reaction might be to swing back or respond with more unkind words, but this obviously is not therapeutic for either party. One of the most difficult things to learn, and accept, when working around older people is not to be offended personally by anything that is said to you. You can be insulted, sworn at, hit and in other ways be deeply hurt by a cutting remark, but if you can accept the fact that the hostility is not being directed at you personally, even though it may

seem that way, you can respond with more confidence and assurance. What usually has happened in cases like this is that the older person has been upset about something else, and that you just happen to be the first person they came into contact with. So guess who gets the heat? A good response on your part, when hostility like this happens, is to say to the person, "Well, I like you anyway" or "I'm sorry that you feel that way." Responding with hostility only increases the tension.

RESIDENTS WHO EXAGGERATE THEIR PAIN:

Some people have a tendency to exaggerate the pain they are experiencing, but it is never helpful to scold them ("Now don't start complaining about that again or you'll give me a pain") nor to challenge their honesty ("Sometimes I think you are imagining all that pain. It couldn't really be that bad all the time could it?"). In fact, when you tell such persons that they are imaging their pain it makes them exaggerate all the more in order to "save face". Telling them there are others in worse pain ("Other people suffer around here, too. Many are a lot worse off than you are") is not comfort and a poor way of getting at the problem. The problem may be there is a need for this resident to have more attention paid him. People who exaggerate their pain are helped best by kindness, attention and sympathy. "I'm sorry that your pain is so bad today" is a good response. Then try to get the resident's thoughts involved with happier things.

THE TROUBLED RESIDENT:

When a resident is upset or troubled you may want to cheer him up by trying to divert his attention from his troubles. You might think that by telling him how wonderful the day is, how much he has to be thankful for, or by giving him options on things he could do would bring him out of his upset condition. It probably won't. The thing he needs is someone who will listen to him. Therefore, a more therapeutic approach would be to ask him why he seems so troubled. This will encourage him to share his feelings. You may not be able to solve whatever it is that is bothering him, but just by listening to him, you are helping him, even though you may think you are doing nothing.

THE CONSTANT COMPLAINER

When a person constantly complains about anything and everything, what he actually may be saying is, "I feel neglected. Nobody likes me or gives me any attention around here." He may be too proud to actually say these things, and may indeed not know himself the real reason he feels as he does, so he disguises his feelings of neglect by complaining about other things. Keeping this in mind, it is not so much what you say to this person as it is your attitude toward him and how he receives your message. He obviously needs more love and attention than he has been getting. Once this need has been met, the complaints should be fewer in number or go away completely. Hugs and pats are wonderful therapeutic action to give the person who complains.

BE SENSITIVE

Older people are easily hurt and very sensitive in those situations where their limitations become apparent. All who aim to help the geriatric resident must walk that thin line between being overprotective and yet safely guarding the best interests of the resident, says Dr. Donald F. Brandle, a noted geriatric specialist. The other thin line that must be maintained, Dr. Brandle says, is the art of gentle persuasion. If only we could all acquire the ability to be kind yet firm as we attempt to help the older person utilize those assets which he often fails to recognize he possesses. Paralleling this, we must also help him and those around him to recognize and accept the irreversible defects.

QUICK THERAPY

You feel secure partly because you are familiar with your environment and feel comfortable in it. Imagine, however, if you were transported to a foreign country where you knew neither the people nor the language, and not even what country you were in. Communication would be difficult, if not impossible. How comfortable would you feel then? But if someone came up to you and put his arm around you and looked as if he could empathize with your predicament, wouldn't that be of some comfort to you?

The mentally-impaired resident in a nursing home experiences a similar

difficulty. He is in a place that is unfamiliar to him, he cannot communicate with people around him, and he feels frustrated and uncomfortable. But how comforting it must be for him when someone comes up to him and puts their arm around him, smiles at him, or in other ways shows him there are friendly people there. The next time you meet a mentally impaired resident, take the time to give him a hug or a smile or a pat. He may not be able to respond in words, but you'll know your gesture was a therapeutic one.

CAN DO LIST FOR VOLUNTEERS

1. Transport residents to activities.
2. Assist residents with different activities i.e. crafts or games.
3. Converse with residents during social hour.
4. Assist with monthly birthday parties.
5. Do resident mending or sewing.
6. Lead a bible study group.
7. Read to residents during one-to-one visits.
8. Accompany residents on outings.
9. Deliver newspaper and mail.
10. Address fold and stuff envelopes.
11. Assist with fundraisers.
12. Arrange donated flowers.
13. Assist with decorating for current holidays.
14. Bring in slide shows.
15. Put on musical programs.
16. Play the piano.
17. Pet-a Pet, magic or puppet shows
18. Boy Scout or Girl Scout programs.
19. Make laperopes or slippers for the residents.
20. Donate bake goods or crafts for fundraisers.
21. Make and donate tray favors.
22. Donate prizes for bingo, the price is right or other games.
23. Provide "goodies" for holiday parties

Things Not to do While Visiting Your New Friend

1. Do not hesitate to ask for help or to report problems.
2. Do not do anything for a resident that will have medical repercussions. Do not remove restraints, move patients with broken bones, or administer medicine, even aspirin. Do not visit when you have a communicable sickness. Colds, coughs, flu and sore throats are particularly hard on older people and spread through the entire Home.
3. Do not enter a room without knocking, even if the door is open. Their room is their home; we need to respect that.
4. Do not stop making your regular visits without explaining why to your friend. He/she may take the blame for driving you away.
5. Do not forget to sign in every time you make a visit in the home. The sign in book is near the door to the Volunteer Office.
6. Do not bring your own personal problems with you and dump them on your new friend.
7. Do not argue or give advice about your friend's problems.
8. Do not believe everything you hear. Elderly people and hard-of-hearing sometimes mis-hear or misunderstand their circumstances.
9. Do not patronize; your friend is a mature adult.
10. Do not make promises you can't keep.
11. Do not be impatient.
12. Do not break a confidence.
13. Do not insist on visiting someone who doesn't want a visitor.
14. Do not discuss your friends' medical condition except to express hope. You might want to report to the staff any medical complaints your friend makes.
15. Do not be turned off by disagreeable moods, odors or staff. You are performing a much-needed service of love.

PLEASE AVOID THE FOLLOWING

1. Do not push or pull wheelchairs backwards.
2. Do not lock the brakes of a wheelchair.
3. Do not run or "pop wheelies" with a wheelchair.
4. Do not make phone calls for a resident without first obtaining permission.
5. Never purchase items for or from residents without permission.
6. Never borrow items from a resident i.e. money or cigarettes.
7. Do not give resident direct care, this is the responsibility of the nursing department.
8. Never lend money to the residents.
9. Do not laugh or be shocked if a resident's language or actions are inappropriate.
10. Never leave the facility with a resident without permission.
11. Do not look in resident's charts – these are confidential.
12. Do not ever enter a resident's room without knocking, even if you are talking to them from the hall.
13. Never give food or drinks to the residents.
14. Do not toilet a resident. Take the resident to their room and turn on the call light.
15. If a resident falls down- Do not help them up. A nurse will have to assess the resident for injuries.
16. Always be mindful of the materials that are being used with the residents i.e. glue, scissors.