

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.

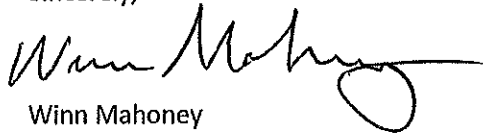
Please plan to complete this packet and then we can set up a time for a tour of Silver Maples and talk about what you'd like to do when you are volunteering at Silver Maples.

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

Today's Date _____

Name _____ Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Social Security # _____

Are you available? AM ___ PM ___ Weekend ___ Summer ___ Winter ___ Weekdays _____

Comments of availability _____

How did you hear about Silver Maples for Volunteer Work?

Friend/Relative ___ Advertisement ___ Silver Maples Reputation ___ Webpage _____

Employee/Former Employee ___ Social Media ___ Resident/Former Resident _____

Comments: _____

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

Yes ___ No ___ (e.g. musical, artistic, computers)

If yes, please describe: _____

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

Assist in Craft Classes	Assist on Trips and Outings	Games, Cards, Puzzles
Assist at In-House Events	Reading Newspapers/Books/Mail	Interview Residents for Life Stories

If other, please explain:

In Case of emergency, notify:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

Work Information: Present or Former (If applicable)

Place of Employment _____ Phone _____

City _____ State _____ Zip _____

Your position _____

Can you be contacted there? Yes ___ No ___

Please list three references we may contact:

Name _____ Relation to you _____ Phone _____

Name _____ Relation to you _____ Phone _____

Name _____ Relation to you _____ Phone _____

Availability for Interview _____

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 do 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 on 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 a disciplinary action, up to and including discharge from my position as a volunteer.

Volunteer Signature _____ Date _____

I Agree

This Volunteer Services Agreement is made between the Volunteer and Silver Maples and includes these terms and conditions regarding the Volunteer's participation in Silver Maples volunteer services program:

1. I agree that while volunteering at Silver Maples I am not considered an employee of Silver Maples and am not entitled to or expect to receive any compensation or benefits for my service. I agree that I have no expectation or promise of future employment with Silver Maples because of my volunteer services.
2. I agree to provide volunteer services as described to me, including any applicable volunteer service position description for Silver Maples. I acknowledge that I am freely volunteering my time and services to Silver Maples for personal reasons.
3. I agree that I am free from communicable disease and that I am both physically and mentally well and will not negatively affect either the health of the resident or the quality of the resident's care.
4. I agree that I am not currently on probation or parole and have not been convicted of a felony in the last 15 years. I understand that Silver Maples licensing requires ICHAT background checks to be completed on all volunteers.
5. I understand that I am covered under Silver Maples worker's compensation insurance in the event that I experience an accident or injury while volunteering. I agree that I will immediately report any accident or injury to the designated volunteer supervisor.

I Agree

Signature _____ Date _____

If under 18 parent or legal guardian signature.

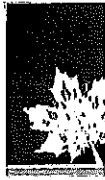
I Agree

Signature _____ Date _____

In order to process an ICHAT background check please provide the following:

Proper Name _____ Date of Birth _____

Race _____ Gender _____



SILVER MAPLES
of Chelsea

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 of Individual/Authorized Representative) (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)

Interviewer Signature _____

SILVER MAPLES OF CHELSEA
VOLUNTEER COMPLIANCE AND CONFIDENTIALITY STATEMENT

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Volunteer Signature

Date

TIPS FOR VOLUNTEERS WORKING WITH RESIDENTS

Thank you for volunteering at Silver Maples of Chelsea. Your time and energy plays a big role in helping us keep our residents engaged and active! Here are some tips and information that might be helpful as you work with our residents. And remember, we have wonderful residents with a wealth of history to share. Enjoy your time with them!

Working With Seniors

- Bring a cheerful attitude to the day. Instead of focusing on aging issues (immobility, illness, or frailty) focus on having a positive interaction with the seniors.
- Always approach the resident from the front and tell the person who you are (perhaps each time you meet).
- Be patient. Take your time communicating and try to use the senior's name frequently. Seniors may not move or talk as fast as they have in the past, so making eye contact, speaking clearly at a moderate level and maintaining a calm, positive attitude will help establish a pleasant atmosphere for interaction. Give them time to process the information and respond.
- Be a great listener. Encourage the senior to talk about their past. Topics such as families, work experiences and growing up years are often easier for seniors to remember since in many cases their long-term memories are clearer than their short-term memories.
- Communicate in a variety of ways. Remember that spending time with seniors is what is important. Even if the senior is having trouble communicating verbally, show them you care by using non-verbal communication, such as touching their back or holding their hand. The companionship and the impact of the volunteer's company are what really matter.
- Provide an opportunity for success through appropriate activities and interaction.

Things to Avoid

- Do not give direct care - such as toileting, feeding, transferring from wheelchair to regular chair. Call a staff person for help.
- Do not touch blood/body fluids
- Do not make phone calls for residents without permission
- Never purchase items for residents without permission
- Never borrow items or accept gifts from residents
- Never lend money to residents
- Do not leave the building with residents without permission
- Do not look at residents' medical charts
- Never give food/drink to a resident, unless it is an activity where food is being served
- Do not help a resident up when they have fallen down. Call staff to help
- Do not give physical therapy

Working with Seniors with Alzheimer's / Dementia

Seniors living with Alzheimer's and dementia sometimes need some extra attention and patience. When working with these populations please keep in mind:

- Call the person by name, it helps orient them and gets their attention.
- Enter their reality. Sometimes it's the past, sometimes it's the moment at hand.
- Avoid criticizing, correcting and arguing.
- Look for the feelings behind the words; sometimes the emotions being expressed are more important than what is being said.
- Always approach the person from the front and tell the person who you are.
- Use short, simple words and sentences. Talk slowly and clearly.
- Ask one question at a time.
- Limit choices to one or two specific choices. For example, "Would you like red ribbon or blue ribbon?" rather than "What color ribbon would you like?" or "Would you like, yellow, green, blue, red, or pink ribbon?"
- Repeat information and questions. If the person doesn't respond, wait a moment, and then ask again.
- Avoid quizzing. Reminiscing can be healthy, but avoid asking, "Do you remember when...?"
- Give simple explanations. Avoid using logic and reason at great length. Give a complete response in a clear and simple way.
- When a resident who is suffering from 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 severe memory loss often has lost the ability to reason and often cannot remember the days of the week or their spouses name and find their inability to answer frustrating. The best way to respond is to give him the correct information promptly.

Other Helpful Tips

- Speak clearly and moderately, with an emphasis on lowering your voice. Higher pitches are harder for those with a hearing loss to hear.
- Hold hands, steady arms, etc. for unsteady residents
- Hold chairs when they are being seated
- Assist residents on and off the bus. Help fasten seatbelts
- Hold walker from the front when a resident is going down a ramp. Support from behind when going up.
- Never enter a residents room without knocking first and getting confirmation to enter.
- Safety first!
- Ask questions!
- Get to know our residents! They enjoy getting to know you!