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| Adult_Care_Centeredit (2).jpg |
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| Image result for volunteersThank you so much for your interest in volunteering here at the Adult Care Center. Our volunteers are a big part of our participant’s day. On the day(s) you are with us, you may be asked to do a number of things. Those could include one on one time with a participant, playing a card game with one or more participants, participating in exercise, art, aromatherapy, or a walk outside with staff and participants. These are just some examples of how our volunteers touch our client’s lives daily. By giving your time, you are brightening someone’s day! |
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 Thank you for offering to volunteer at the Adult Care Center. The Center depends on the support of volunteers like you, as we strive to provide the best possible care-giving environment.

 The Student Volunteer Orientation Manual serves to inform volunteers of policies and procedures that the Board has set in place. Most policies are driven by licensing requirements, and the safety of participants, staff, and volunteers.

 The content is organized into the sections listed below. At the end of the Manual is a page for you to sign indicating that you have read, understand, and agree to abide by the policies described in the Manual.

 Again, thank you for your interest in the Center, and we look forward to seeing you here!

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**Professional Conduct**

 The Center encourages a warm, family-oriented atmosphere to promote a relaxed

environment for all clients. However, please refrain from excessive conversation with other volunteers and staff. Please silence or turn off your cell phone. If you must make a call or text, please let a staff member know and step into the hallway to make the call.

 Each client deserves to be treated as an adult, and with dignity and respect. Please do not call a client ‘honey’ or ‘dear’ or another term of endearment. Most participants still recognize their names. Do not bully any participant. No client will be abused, exploited, punished, coerced, or threatened in any way. A client who cannot speak may still understand things you say. Please do not talk about a participant in front of him/her. Treat each client as if she/he were your revered grandparent, and use suitable language.

 All interactions are confidential. Client confidentiality includes identity; consequently, we only use first names. Please do not tell anyone about the identity of any participant or visitor. Photographing a participant is not allowed unless approved by a staff member. Client privacy is protected by federal law.

 A cheerful demeanor is a wonderful skill to bring to the Center. Your patient, pleasant affect is calming to clients and staff alike.

 If at any time you feel uncomfortable in any situation, please tell a staff member immediately. Safety is a primary goal, and you may be redirected by staff to allow an intervention.

 Before assisting a participant, please ask a staff member for permission. Some clients are frailer than they appear, some have food allergies, and liquid consumption may be timed to other needs. Many of the clients are on restricted diets. Gloves must be worn to handle food.

 If a client mentions that he/she needs to visit the restroom, please notify a staff member. If you notice a client preparing to leave a room unattended, please alert a staff member immediately.

 On arrival, check with a staff member to find out the details of your activities for the day. Some volunteers have only one activity while others rotate through a variety. All help is appreciated, and the staff will instruct you.

 Many of the clients are hard of hearing. The most effective way to communicate is not with a loud voice, but rather in speaking clearly while facing the client. Loud voices tend to disturb the clients. Coarse language and off-color jokes are not appropriate.

 Clients must be treated gently and moved slowly. Many experience a drop-in blood pressure when they stand, and should be allowed a moment to adjust and so avoid dizziness. Most are frail and the skin is easily damaged. During aging, the metabolism slows and the clients tend to feel cold. Their body temperature is lower and they are indeed cold. Be aware of the need to keep the elderly comfortably warm.

**Dress Code**

 The dress code at the Center is professionally informal. Most of the clients are elderly, and we dress to their standards of acceptability.

 Blue jeans are allowed if clean and in good repair (i.e., no tears or holes, even if decorative). Clothing must not too tight. Shirts/blouses must cover the waist, and cleavage must be covered, including complete coverage when bending over. Skirts and dresses must be no shorter than 3 inches above the knee and guarantee complete coverage when bending over. The Director or Assistant Director will tell you to go home and change clothing if she/he feels that your dress is unacceptable.

 Shoes should be comfortable and safe for walking. Tennis shoes are permitted (if clean and in good repair), as are open-toes shoes and sandals which are suitable for a workplace environment and which provide sufficient support.

 The following are not allowed: Shorts, skorts, short skirts, tank or tube tops, shirts with inappropriate graffiti, flip-flops, low-cut dresses or shirts, face piercing other than the ears, and bare feet.

 Volunteers with long hair (past the shoulder) should pull the hair away from the face during activities associated with food (i.e., cooking projects or meals). Avoid jewelry that could be easily caught on an object, or grasped by a disoriented client. Perfume must be avoided.

 Rooms are kept warm for client comfort. Please dress accordingly.

**Safety**

 Safety is a paramount concern at the Center. Many of the clients are frail and are at a high risk for falls and other injuries. If you notice any unsafe element (i.e., spilled water, beads on the floor, etc.), please notify a staff member immediately. It is the duty of the staff to direct volunteers as needed to maintain a safe environment, both for clients and volunteers.

 Gloves must be worn while preparing food (including producing a snack as an activity), cutting food, and feeding a client. Do not feed a client or offer liquid without consulting a staff member, as most of the clients have a high risk of choking.

 A staff member trained in basic first aid and cardiopulmonary resuscitation (CPR) is always on the premises. Alert a staff member immediately if you notice an injury, signs of choking, or loss of consciousness.

 Please consult a staff member before bringing in food or craft supplies. Snacks and supplies are gratefully accepted, but policy requirements determine suitability.

**Emergency Evacuation**

 In the event of a fire or other emergency which requires evacuation of the building, staff and volunteers will escort the clients toward the main entrance, and gather just inside the door.

 In the event of a tornado/high wind emergency, clients will be brought into the hallway, and placed against the far wall away from windows.

 Maintain a calm, reassuring demeanor and follow staff instructions.

**Inclement Weather Policy**

 The Adult Care Center will decide whether to close the Center due to inclement weather in case of snow, ice, or flooding. If the decision to close the Center is made before opening hours, the Director will notify the following radio stations by 6:00 am:

**Q102 (102.5 FM)**

**WINC FM by website only:** [**www.winc.fm**](http://www.winc.fm)

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| **Best Option**:**Call the Center at 722-2273**to hear a voice recording regarding a closing, or a delay in opening. |

 When the Center is open and weather conditions become worse during the day, the Director or staff person in charge will determine the safety of participants and working staff in returning home in the afternoon. In the event of an early closing, Q102 radio station and WINC FM (website only) will be called to publicly announce the early closing.

 Participants are required to have an emergency contact available at all times. In the event of an early closing, the family member or responsible party will be contacted to arrange an early pickup. No refunds or credit will be given for early departure due to inclement weather.

**Illness**

 If you are ill, please call the Center promptly (722-2273) to let us know that you will not be coming in. Please stay home if you have a fever (99.0° Fahrenheit or above) or suspect that you have an infectious disease. Please remain at home until you have been free of fever, nausea, vomiting, or diarrhea for 24 hours. We want you to regain your health as soon as possible, and the clients are susceptible to disease.

**Notes for Students**

 We are glad to be able to provide a clinical setting for you. We hope you find the experience of working with our participants to be worthwhile. At some point, you will likely provide care/treatment for someone with Alzheimer’s Disease, or a caregiver. Many of our clients (via their caretakers) follow complex prescription regimens from multiple prescribers. One day, it may be you who will notice that one prescribed drug is incompatible with another, or may counsel a caregiver on side effects. We hope your experiences will give you a new perspective on the joys and difficulties of caring for this population. Thank you for your help, and we hope that your memories of your time here will assist you in your future career.

**Please fill out the following 4 forms and return to Dawn. Keep the manual for your reference.**

**Thank you for your interest in the Center!**

**Volunteer Job Description**

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Job Summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activities and Responsibilities:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Needed Characteristics, Experience, and Training:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Commitment: (days and hours available)

 M Tu W Th F Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Application**

Volunteer Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specific Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Days Available: M Tu W Th F

Hours Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Information:

1. Name and Daytime Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name and Daytime Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Confidentiality Statement**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to regard all information received in the performance of my work in the Adult Care Center as confidential.

 I understand that this Center respects client’s rights with regard to privacy of information and I agree to respect these rights in the performance of my duties and keep professional confidentiality in all my statements outside the Center.

 I agree to respect clients’ rights to privacy, as well as those of the family and the Center, whenever I make community presentations, participate in volunteer recruitment programs, or otherwise represent the Center to the public.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Volunteer)

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

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign-off Page**

 By my signature, I confirm that I have read, understand, and will comply with the following policies set out in the Volunteer Orientation (Junior) Manual:

Professional Behavior Dress Code

Safety Emergency Evacuation

Inclement Weather Policy Illness

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please give the signed pages to the Director or Assistant Director.

Manual reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_