

Welcome to the



Adult Care Center of the NSV, Inc.

Encouraging, engaging, & enriching since 1993

Volunteer Handbook

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Adult Care Center of the Northern Shenandoah Valley

Volunteer Orientation (Adult) Manual

Thank 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, including 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!

Thank you for offering to volunteer at the Adult Care Center. The Center relies on the support of people like you, as we strive to provide the best possible care-giving environment.

The Volunteer Orientation Manual serves to inform volunteers of policies and procedures that the Board has set in place. The policies are driven by licensing requirements and maintaining 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 necessary call, please let a staff member know and step into the hallway to make the call. As a rule, please do not use your phone while at the Adult Care Center.

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 of the participants remember their names. No client will be abused, exploited, punished, coerced, or threatened in any way.

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. If you notice a client preparing to leave a room unattended, please alert a staff member immediately. If you would like to leave the room with a client, please ask a staff member first.

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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 (such as playing cards or visiting) while others rotate through a variety. All help is appreciated, and checking in with staff helps the day proceed smoothly.

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.

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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, in good repair, and without holes. Capri pants and dress pants are acceptable. Shirts/blouses should 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. Shoes should be comfortable and safe for walking. Tennis shoes are permitted (if clean and in good repair), as are open-toed 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 should be avoided.

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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 liquids 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. Please 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.

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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 or high wind emergency, clients will be brought into the hallway, and placed against the inner wall away from windows.

Maintain a calm, reassuring demeanor and follow staff instructions.

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Inclement Weather Policy

The Adult Care Center will decide whether to close the Center due to inclement weather in the event of snow, ice, or flooding.

The most reliable means of information is to call the Center's telephone number, **722-2273**, and listen for a voice mail recording regarding whether the Center will be closed or if there is a delay in opening.

To Obtain closing or delayed opening information:

- Check your phone for a group text message
- Call the Center number at 540-722-2273 and listen to the voicemail
- Check our facebook page.

Early Closing Due to Inclement Weather

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, working staff and volunteers returning home late in the afternoon.

For your safety, please call the Center prior to coming on potentially inclement days. You may be advised to stay home entirely.

**The Center does NOT follow the school system when deciding to open, close,
or delay opening.**

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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.

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Please fill out the following 5 forms and return to Dawn. Please keep the manual for your reference.

Thank you for your interest in the Center!

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Volunteer Job Description

Job Title: Volunteer Name: _____

Supervisor: Dawn Clarke, Administrative Assistant/Floor Manager _____

Volunteer Job Summary: Assisting the staff in the care and well-being of participants at the Center. The volunteer is a valuable team member who collaborates with other team members to provide for the physical, mental, spiritual, and social well-being of all Center participants.

Your specific activities and responsibilities as an Adult Care Center Volunteer:

1. _____
2. _____
3. _____
4. _____
5. _____

Needed Characteristics:

1. Friendly and warm disposition
2. Attentive to detail
3. Cooperative and willing to accept guidance
4. Willing to follow rules
5. Understanding and respectful of aged and disabled persons
6. Willing and able to accept training and supervision

Training prior to beginning your volunteer service:

1. Orientation to facility mission and scope of services
2. Infection control (2 hours)
3. Dementia care (2 hours)

Time Commitment: (days and hours available)

M Tu W Th F Hours: _____

Volunteer Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

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Volunteer Application

Volunteer Position: _____

Name: _____

Address: _____

Phone: _____

Specific Skills: _____

Specific Interests: _____

Days of the week and hours you are available to volunteer (we are open Monday – Friday, 7:30 a.m. to 5:30 p.m.) _____

Emergency Contact Information:

Name and Daytime Telephone Number: _____

Is there a medical concern you would like us to be aware of? If yes, is there a doctor's name and phone number you would like us to keep on file? _____

Volunteer Signature: _____ Date: _____

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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: _____

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Special Circumstances Related to Infectious Disease

As experienced in the case of the COVID-19 pandemic, there may be a time when you are asked to temporarily suspend your volunteer activities at the Center due to disease or illness that exists in our community, commonwealth, or country at-large. Thank you for your understanding during this time.

When you are called to determine your interest in returning to the Center after a temporary shutdown/or temporary discontinuation of your service, you may be required to participate in daily screening. During this screening, you may be asked several common questions related to your health status, and we may take your temperature during this time.

You may be required to wear a mask.

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Infection Control

- I agree to participate in annual infection control training.
- I agree to follow all policies implemented by the Adult Care Center regarding the control of infectious diseases, including daily temperature if asked to me.
- I understand hand washing is one of the greatest defenses against the spread of germs. I agree to wash my hands regularly and for the time recommended by the Adult Care Center.
- I will wear a mask if asked to do so.
- I will wear gloves in appropriate circumstances.

Printed Name_____

Signature_____ Date_____

Volunteer Supervisor Signature_____ Date_____

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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 (Adult) Manual:

Professional Conduct
Safety
Inclement Weather Policy
Illness
Infection Control
Confidentiality

Dress Code
Emergency Evacuation

Name: _____

Signature: _____

Date: _____

Please give the signed pages to Dawn, Administrative Assistant

Manual reviewed by: _____ Date: _____