



Thank you for your interest in volunteering at Jennings!

The following is provided to you as an explanation of the screening procedure Jennings undergoes for all potential volunteers. Our volunteers are specially selected, and individually trained to become crucial members of our team. We are very excited that you are considering Jennings for your volunteer endeavors.

Please fill out the enclosed application as completely as possible. Return the entire application to: Jennings Volunteer Services, 10204 Granger Road, Garfield Hts., OH 44125  
Once I receive your application I will call you for a phone interview and to discuss your interests.

### **Orientation**

Please be aware that ALL Jennings volunteers must attend an orientation. This orientation will include a tour of our building and facilities, an introduction to our policies and procedures, training in proper hand washing, wheelchair operation and dementia care at Jennings.

### **Background Checks**

Due to the 2016 changes in the law, ALL Jennings potential volunteers must undergo a background check prior to volunteering for Jennings.

### **Tuberculosis Test**

All volunteers at Jennings who volunteer 10 or more hours a month are required to submit to a two-part tuberculosis test as required by State Law. step.

**School or Community Service:** Jennings is pleased to offer volunteer hours to help meet school or church requirements. We accept Student Volunteers ages 14-17 for help with our many seasonal celebrations, special events, entertainments, and life enrichment activities for our Residents and Campus Tenants. A minimum of two weeks must be allowed for volunteer hours to be scheduled and completed.

**Student Volunteers age 13 and under** are able to volunteer at Jennings as long as accompanied and supervised by a parent or guardian at all times while in the building or on the campus. This adult must also under the application process.

**Please note:** Transportation to and from Jennings for volunteer opportunities must be secured by the volunteer.

Again, thank you for choosing Jennings! I look forward to working with you!

Sincerely,

Laura Resecker  
Volunteer Coordinator /Gift Shop Manager  
Laura.resecker@jenningscenter.org  
Phone: (216) 581-2900 ext. 2608

**SERVICE LEARNING VOLUNTEER APPLICATION**  
**JENNINGS CENTER FOR OLDER ADULTS**  
10204 Granger Road  
Garfield Heights, OH 44125  
(216) 581-2900

Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Parent and/or Guardian Name

\_\_\_\_\_

Home Phone \_\_\_\_\_ email \_\_\_\_\_

Parent Work Phone \_\_\_\_\_

Birthday: \_\_\_\_\_

Male       Female

School \_\_\_\_\_ Grade \_\_\_\_\_

Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Advisor Email \_\_\_\_\_

**Volunteer Work Desired:**

Direct Contact \_\_\_\_ *Circle days available:* Mon. Tues. Wed. Th. Fri.

Indirect Service \_\_\_\_ *Circle hours available:*

Combination \_\_\_\_ Daytime: \_\_\_\_ to \_\_\_\_ Evenings: \_\_\_\_ to \_\_\_\_ Weekend:  
\_\_\_\_ to \_\_\_\_

*Date Available to start:* \_\_\_\_\_ *Date to complete volunteer*

*project:* \_\_\_\_\_

Do you have any special skills, interests or hobbies? \_\_\_\_\_

\_\_\_\_\_

Check all that apply:

- |                                  |   |   |                                       |
|----------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Taking Care of animals | <input type="checkbox"/>              |
| <input type="checkbox"/> Crafts  | <input type="checkbox"/> Cooking and Baking | <input type="checkbox"/> Music                  | <input type="checkbox"/> Receptionist |

- |                                    |   |  |                                   |
|------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> Sewing    | <input type="checkbox"/> Serving as Club Leader | <input type="checkbox"/> Playing with Children | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Wood Work | <input type="checkbox"/> Administrative Work    | <input type="checkbox"/> Escort Residents      | <input type="checkbox"/> Special  |
| Events                             |   |  |                                   |
| <input type="checkbox"/> Knitting  | <input type="checkbox"/> Helping with Mailings  | <input type="checkbox"/> Transport Residents   |                                   |
| <input type="checkbox"/> Painting  | <input type="checkbox"/> Playing Cards or Games | <input type="checkbox"/> Other _____           |                                   |

Do you speak any Foreign Languages?  Yes  No Which one(s)? \_\_\_\_\_

Would you be interested in helping with any of our clubs?  Yes  No

Which would you prefer:

- |   |   |
|---|---|
| <input type="checkbox"/> Working one on one with a single resident            |   |
| <input type="checkbox"/> Working directly with a staff member as an assistant |   |
| <input type="checkbox"/> Working on an individual project                     | <input type="checkbox"/> No preference  |
| <input type="checkbox"/> Service to a group of residents                      | <input type="checkbox"/> Group Projects |

**Health Record: Please list only those things that are applicable to being able to volunteer**

General Health

\_\_\_\_\_

Operations or Injuries in last two years

\_\_\_\_\_

Allergies

\_\_\_\_\_

Any disabilities: Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech \_\_\_\_\_ Gross Motor \_\_\_\_\_

Other \_\_\_\_\_ Explain: \_\_\_\_\_

Are you under a physician's care for anything?

\_\_\_\_\_

Taking any medications? No \_\_\_ Yes \_\_\_ What? \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

*Emergency Number:* Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

**After you complete this application you will need to attend an orientation session.  
To schedule orientation please contact:**

Laura Resecker Volunteer Coordinator  
216-581-2900 ext.2308  
Laura.Resecker@jenningscenter.org



**Jennings**  
Center for Older Adults

**AUTHORIZATION FOR BACKGROUND  
INVESTIGATION AND RELEASE**

I authorize Jennings and any investigation agency to perform a criminal records background check in connection with my application to volunteer in the Jennings volunteer program. As a volunteer applicant, I forever release and discharge Jennings, its officers, staff members, agents and independent contractors from any claims, damages, losses, liabilities, costs and expenses related to gathering and reporting information pursuant to this release and from any charge or complaint filed with any agency related to obtaining and/or reporting any information pursuant to this release.

The undersigned applicant is providing the following information which will be useful to obtain the necessary public records from federal, state or local criminal justice agencies.

Name:	Former Names, if any:	Phone:
Current Address:	City, State, Zip:	Social Security Number:
Drivers License/State ID No:  Issued in what State:	Length of time at this address:  ____years and ____months	Additional States/Counties resided in other than OH/Cuyahoga:

I certify that the information I have provided is true and complete, and I understand that if volunteer for Jennings, false or incomplete statements on this authorization shall be sufficient cause for release from volunteering.

Applicant Name (please print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jennings Center for Older Adults  
10204 Granger Road  
Garfield Hts., OH 44125  
216-581-2900

# Jennings

## Volunteer Reference Form

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Two personal references are required as part of the volunteer application process. Please have this form completed by someone you have known for at least one year and who is not a relative. This form then should be returned to Jennings by you or the person you choose as a reference to complete the form.

This reference is for: \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

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

When is the best time to reach you? \_\_\_\_\_

What is your relationship with this applicant?

\_\_\_\_\_

How long have you known him or her? \_\_\_\_\_

In a few words, describe this person's character strengths:

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# Jennings

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\_\_\_\_\_

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In a few words, describe this person's character strengths:

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# Jennings

## Consent to Participate

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While fulfilling your duties as a Jennings volunteer, please remember that you are a representative of Jennings. Therefore, we ask that you conduct yourself accordingly, in compliance with the following terms:

As a Jennings Volunteer you are expected to comply with all relevant Jennings policies and not engage in any activities that are detrimental to residents care and safety.

You must also understand that in performing your duties as a Jennings volunteer, you must hold in strict confidence any observations you make, see, or hear regarding Jennings residents and staff.

Please understand that intentional or involuntary violation of confidentiality and other Jennings policies may result in corrective action by Jennings and/or possible legal action by others including residents and their families.

Volunteers are required to wear a nametag, and they are required to sign in and out every time they visit the facility.

If you feel you have not been provided with adequate information about the purpose, time commitments, supervision and/or responsibilities relative to the volunteer program or your specific volunteer duties, please contact the volunteer coordinator.

The Volunteer Department reserves the right to modify your participation as a Jennings Volunteer.

It is the policy that all Jennings volunteer will attend an orientation session before beginning their volunteer experience.

\_\_\_\_\_ Please indicate your consent to these terms by signing below. \_\_\_\_\_

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

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

Day time phone: \_\_\_\_\_

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

# Jennings

## Parental Consent to Participate

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\_\_\_\_\_, is authorized by the undersigned to participate in  
Students Name  
activities related to the Jennings volunteer program.

In consideration of the above named student's participation in the volunteer program, the undersigned as parent or guardian releases and discharges Jennings, Volunteer Services, all individual volunteers therein as well as their prospective officers, directors, board members, employees, agents and representatives from all liability arising out of or related to the students activities at Jennings.

The undersigned further authorizes Volunteer Services to use photographs, prints, negatives and reproductions taken of the above-named student for publicity, promotion, advertising, public relations, grant writing and related purposes to further the aims and objectives of the department.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

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### Medical Consent Form

I give my consent for my son/daughter to participate in the volunteer program at Jennings. I authorize Jennings and its employees to provide medical services to or make medical decisions for \_\_\_\_\_, a minor and my child, should such medical services become necessary in an emergency situation while my child is volunteering on the Jennings premises.

Allergies or medications: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

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**Jennings**  
Center for Older Adults  
10204 Granger Road  
Garfield Heights, OH 44125

## **Volunteer Confidentiality Statement**

As a volunteer of Jennings, I may have access to, or hear information regarding residents or staff members. This information shall be considered and treated as confidential. Such information may include medical diagnoses, test results, family situations, and other personal matters.

I am aware that this information is of a confidential nature and may not be disclosed to individuals outside the employment of Jennings Center for Older Adults without the written permission of the resident or staff member. I also recognize the need for discretion if there is a medical need to discuss resident information with a staff member or another volunteer. I understand that all residents have a Right to Confidentiality.

I recognize the important responsibility entrusted of me and do hereby acknowledge the duty to keep resident and staff member information confidential.

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Volunteer Signature

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Date

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Witness' Signature

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Date

Jennings Center for Older Adults  
Garfield Heights, Ohio

Dear Parent/Legal Guardian,

Thank you for allowing your child to participate in the Jennings Volunteer program! Part of the employment/volunteer requirements for Jennings is receiving the Mantoux Tuberculosis Skin tests. This is mandated by law for anyone working in a health care facility.

Employees/volunteers are required to have a two-step Mantoux test upon employment. If your child has received this test in the past year, only a single-step Mantoux test is required.

The PPD, or Mantoux, is purified derivatives and not live bacillus.

Parental consent for this test is necessary for any minor working or volunteering in any of our facilities.

Thank you for completing the bottom of this form. Should you have any questions or concerns please contact Jennings at 216-584-2900 X2608.

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Minor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby give consent for my child to receive the Mantoux Skin test administered by the Nursing Staff of Jennings Center for Older Adults. I understand that this test consists of an initial two step Mantoux followed by an annual one step Mantoux test. To the best of my knowledge there has been no history of tuberculosis and/or exposure of such in our family.

Parent/Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

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# Tuberculosis Screening Jennings Center for Older Adults

***Screenings are completed in the Staff Educators office located on UL across from the Team (Nursing) on the following days and times:***

***Please call for an appointment 216-581-2900 Ext. 2226***

<b>Monday</b>	9AM – 10AM <b>11AM – 12N</b> 1PM – 3PM
Wednesday	Read Only 9AM – 12N
Friday	9AM – 12N 2PM – 4PM