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.

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 undergo 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
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:

□ Reading □ Gardening □ Taking Care of animals □

□ Crafts □ Cooking and Baking □ Music □ Receptionist
☐ Sewing  ☐ Serving as Club Leader  ☐ Playing with Children  ☐ Computer
☐ Wood Work  ☐ Administrative Work  ☐ Escort Residents  ☐ Special Events
☐ Knitting  ☐ Helping with Mailings  ☐ Transport Residents
☐ Painting  ☐ Playing Cards or Games  ☐ 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:

☐ Working one on one with a single resident
☐ Working directly with a staff member as an assistant
☐ Working on an individual project  ☐ No preference
☐ Service to a group of residents  ☐ 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
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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Former Names, if any:</th>
<th>Phone:</th>
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<table>
<thead>
<tr>
<th>Current Address:</th>
<th>City, State, Zip:</th>
<th>Social Security Number:</th>
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<tr>
<th>Drivers License/State ID No:</th>
<th>Length of time at this address:</th>
<th>Additional States/Counties resided in other than OH/Cuyahoga:</th>
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<td>_____years and _____months</td>
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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
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: ________________________________________________

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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Name: ________________________________________________________________________

Email Adress___________________________________________________________________

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:
___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Jennings
Consent to Participate

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

____________________, is authorized by the undersigned to participate in 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_________________________

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____________________
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.

____________________________________________________  __________________
Volunteer Signature                                      Date

____________________________________________________  __________________
Witness’ Signature                                       Date
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.

________________________________________
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 tuberculosces and/or exposure of such in our family.

________________________________________
Parent/Legal Guardian signature _______________________________________________

_____________________________________
Date _________________________________
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*

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<th>Time</th>
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<tbody>
<tr>
<td>Monday</td>
<td>9AM – 10AM</td>
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<td><strong>11AM – 12N</strong></td>
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<td>1PM – 3PM</td>
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<td>Wednesday</td>
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<td>9AM – 12N</td>
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<td>Friday</td>
<td>9AM – 12N</td>
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<td>2PM – 4PM</td>
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