



SUNSET HOME

Volunteer and Service Application

Please print:

Individual Name:

(Last) (First) (MI)

Address:

(Street) (City) (State) (Zip)

Phone number: () _____ Email Address: _____

Birthdate: _____

Emergency Contact: _____

Phone number: () _____ Relationship: _____

Group Name: _____

Group Contact Individual: _____

Group Phone: _____ Group Email Address: _____

Volunteer / Community Service Experience

Do you have previous volunteer / community service experience? [] Yes [] No

If so, what type of volunteer / service work have you done and for what organization?

Are you performing community service to gain credit for a class or graduation?
[] Yes [] No

If so, which course or school? _____

Instructor Name: _____ Email: _____



Have you ever volunteered, been a service person / group, or been employed by Sunset Home before?

No Yes If so, when? _____ Position: _____

Sunset Home has a multitude of service opportunities. Please indicate what Interest you may have when serving. (check all that apply)

_____ Nail Care _____ One on One Interactions _____ Special Music _____ Dining Room
_____ Special Events _____ Bingo _____ Ice Cream Shop _____ Coffee Shop _____ Bus Trips
_____ Grounds keeping/Gardening _____ Resident Activities _____ Birthday party _____ Other

Days and times that you are willing to commit as a service person:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times: _____AM _____PM

If you are a part of a service group, how many people do you estimate will be in your group? _____ Age of individuals in the group? _____

How often would your group like to serve at our facility?

Weekly Bi-Weekly Monthly Yearly

Referred by/learned about Sunset Home from: _____



Have you ever been convicted of a crime? [] No [] Yes

(Answering yes does not automatically prohibit service)

If yes, describe in full: _____

Affirmation and Background Check

I affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that the information provided on this form is to be used only by Sunset Home for the purpose of its service program. I authorize the investigation of the information contained in this application which may include a background check or other screening if appropriate to the service program.

Applicant Signature: _____ Date: _____

Confidentiality Agreement

Sunset Home must safeguard our resident’s right to privacy as outlined by HIPPA and Residents’ rights laws by treating and protecting all information as **CONFIDENTIAL**. Therefore, I shall safeguard and treat as confidential, any and all information (whether acquired through verbal communication, written records, computer or observations) regarding any resident of Sunset Home, which I receive through Sunset Home as a Service individual or Service group. I will not distribute any pictures or any form of information regarding any Sunset Home resident without the expressed permission of Sunset Home Public Relations Director.

I have read and understand this STATEMENT OF CONFIDENTIALITY

Applicant Signature: _____ Date: _____



SERVICE ORIENTATION CERTIFICATION

- _____ General Safety – Watch for wet floors, hand washing, etc.
- _____ Fire Safety – follow directions of Department Coordinator or person in charge
- _____ Food Safety – safe handling practices
- _____ Body Mechanics – safe lifting practices
- _____ Respect the residents rights at all times – Reviewed Residents’ Rights
- _____ Confidentiality – HIPPA / Residents’ Rights
- _____ Disaster preparedness / procedures
- _____ Infection control protocol / procedures
- _____ Report any accidents / falls as a service person
- _____ Knock on door before entering a resident’s room or staff office
- _____ Check with Life Enrichment, Dietary and / or Nursing before offering any resident any type of food or drink. Check restriction list in coffee shop / ice cream shop or during activities.
- _____ Please ask questions and voice concerns at any time to the Life Enrichment Coordinator, Volunteer Coordinator, Chaplain, Dietary Department, Nursing Department or any other management personnel.

I have received a copy of the Sunset Home Service Manual, Residents’ Rights and in service training on the topics as listed above and understand the protocol policies and procedures as they relate to my duties as a service person of Sunset Home.

Application Signature: _____ Date: _____

Facility Personnel Performing the training: _____

Date training was performed: _____

FOR OFFICE USE ONLY

Criminal background check completed and on file [] Yes [] No

Date criminal background check completed _____

This person / group has been cleared to provide service with residents [] Yes [] No

Under the supervision of: _____

(Application format revised 6/27/18)