



We are excited to welcome you as a volunteer at our Wesleyan Homes communities. We value your interest in helping us further our mission by providing the services that we provide to our residents in our community and their homes.

### **A Tradition of Service**

It's not just what we do at The Wesleyan, rather than how we do it. Since 1962, we have built a reputation on providing unparalleled comprehensive senior living and healthcare services. Our success is based on listening to each individual. Our dedicated staff genuinely cares about the residents and that is what sets us apart. The residents are considered an extended family and the staff demonstrates a personal dedication to each person. We are a faith-based community and this charge is shared by our founding partner, The Central Texas Conference of The United Methodist Church. This unique relationship has been the strength of our success since our inception and defines our Vision and Mission for quality services and personalized care.

### ***Vision....***

The Wesleyan is called to create a new,  
bountiful experience of aging  
that ensures that life is lived abundantly  
in body, mind and spirit.

### ***Mission....***

To create a ministry  
of health and aging services  
that nourishes body, mind and spirit  
so that **all** we serve  
live abundantly.

We sincerely appreciate your interest and look forward to your participating and being a part of our Wesleyan mission.



## **Volunteer Service Statement**

### **Statement of Confidentiality**

Confidential information refers to any identifying resident information that is maintained on paper, computerized form or verbal discussion related to providing resident care. It also includes medical records, test results, financial information, personal files, other employee related information including incident reports, quality assessment reports and information relating to company program development and/or implementation, forms, and other contract matters.

I, undersigned, understand that in the performance of my duties as a volunteer of Wesleyan Homes Inc., I may be exposed to confidential information about the residents. I understand that I am obligated to maintain the confidentiality of this information at all times, both during volunteer hours and after.

### **Gift Statement**

Staff and volunteers may not accept gifts or tips from residents. In a situation where a resident persists, the volunteer will bring the item(s) to the Life Enrichment Coordinator, Volunteer Coordinator, Executive Director or Administrator.

### **Volunteer Policy and Guidelines**

Please familiarize yourself with our volunteer policy and guidelines to encourage adherence.

1. Volunteers 16 years or younger must be accompanied by an adult at all times. Volunteers working on a regular basis must be 18 years of age or have previous volunteer experience.
2. Volunteers should address any questions or concerns with the Life Enrichment Coordinator/Volunteer Coordinator.
3. All volunteers participating in our Hospice Program will be under direct supervision of the Volunteer Coordinator.
4. Volunteers must sign-in and sign-out at the designated area.
5. Volunteers must notify the Life Enrichment Coordinator/Volunteer Coordinator of any changes to that may affect the scheduled activity.
6. Volunteers are scheduled by the Life Enrichment Director or Volunteer Coordinator.
7. Volunteers are asked to call in if unable to fulfill their commitment.
8. Volunteers should be punctual, as well as dependable, in reporting for their work assignment.
9. A member of Wesleyan Homes, staff will be on hand for all volunteer activities. In the event of any kind of uncertainty or emergency, such as a medical emergency, or a dramatic change in weather conditions, volunteers should contact that staff person immediately for assistance.
10. Volunteers must exhibit courtesy to all residents and family members.
11. Volunteers must adhere to the strict confidentiality guidelines of HIPAA.
12. Volunteers must exercise good judgment by not volunteering when ill.
13. Volunteers may not receive any gifts, monetary or otherwise.



14. Volunteers may not be used in lieu of staff personnel to perform resident services.
15. Volunteers may not be permitted to perform services that relate to direct resident care.
16. Volunteers may not perform services that they are not physically, emotionally, or otherwise qualified to perform.
17. Notify the Life Enrichment Coordinator/Volunteer Coordinator of any changes to your contact information.
18. Please do not bring personal belongings during your volunteer hours.

### **Volunteer Reporting Resident Observations**

Volunteers must report conditions and or situations affecting residents to the Activity Director / Life Enrichment Coordinator, Volunteer Coordinator, Licensed Nurse, Executive Director, Administrator.

Each Volunteer must report the following information:

1. All requests made by residents that the volunteer cannot take care of himself/herself.
2. Any change in a resident's condition, reaction to the change, what the volunteer did for the resident, and any accidents.
3. Any broken or damaged equipment or resident property.
4. Any unsafe working areas or conditions.
5. Any unusual occurrences.
6. Failure of any staff or volunteer either to inform residents when activities are occurring or to encourage resident involvement in activities.
7. Any resident abuse by anyone, including but not necessarily limited to facility staff, other residents, consultants, volunteers, family members, etc.

I understand that the company conducts criminal background checks and I authorize the company to conduct such a background search. I further understand that consideration and continuation for volunteer opportunities is contingent on the results of these records.

I also understand that any policies and procedures implemented by the company in the event of my volunteer opportunity are for the purposes of operations only and are not intended to be nor constitute a contract. In addition, I understand that any of these policies or procedures may be changed at any time at the company's discretion and without notice.



Have you ever been convicted of a felony/misdemeanor which may or may not have resulted in imprisonment? *Please note that conviction of a crime will disqualify you from being able to volunteer within Wesleyan Homes.*

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the charge? \_\_\_\_\_

### **General Conditions**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided herein, and other matters related thereto, as may be necessary. I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may disqualify me from volunteering. I understand that misrepresentation or omission of facts in my application will be cause for cancellation of my consideration for volunteering.

### **Criminal Record Statement**

As a volunteer for Wesleyan Homes, I \_\_\_\_\_ attest that I have never been convicted of a crime or sentenced to probation or deferred adjudication for a felony or misdemeanor.

I understand that a Criminal Background and EMR will be conducted annually.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

### **Please provide a professional reference/ personal reference/previous volunteer coordinator**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

HR Approval \_\_\_\_\_ Date \_\_\_\_\_



Wesleyan Homes appreciates your interest in our community's volunteer opportunities.

**Volunteer Profile**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Telephone \_\_\_\_\_

Special Health Conditions? \_\_\_\_\_

Would you like to be contacted by email? Yes      No

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

Previous Volunteer Service? \_\_\_\_\_

Community Activities \_\_\_\_\_

What would you like to gain from your volunteer experience?

\_\_\_\_\_

**Availability** Days: \_\_\_\_\_

Times: AM / PM specify availability \_\_\_\_\_

Special Interests \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ *(Please note that if you are under the age of 18, you may not volunteer unless it is with a "group" volunteer opportunity)*

Have you ever volunteered for this company or any of its campuses? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which community? Independent Living      Assisted Living      Skilled Nursing

Home Health      Hospice