



Volunteer Orientation Packet

Volunteers are invaluable to our community! Your work here is much appreciated and adds great value to the lives of our residents. Please take a few moments and review the following information. You will have an opportunity to discuss each item with the Activity Director.

Volunteer Opportunities (Examples)

- ♥ Assist with games or other activities
 - Morning coffee social
 - Baking or cooking classes
 - Arts and crafts
 - Painting
 - Gardening
 - Assist with outings
 - Play Music
 - Singing
 - Wii
 - Movies
 - Making popcorn
 - Reading
 - Visiting
 - Parties
 - Assist with dining
 - Stroll and roll
- ♥ Clerical and organizational
- ♥ Set-up or clean-up
- ♥ Decorate

Confidentiality

- ♥ Resident information is protected by State and Federal laws. There may be severe penalties for disclosing resident information to those who do not have a legitimate need for the information.
- ♥ Maintaining confidentiality ensures that the trust relationship between the resident, staff, and volunteers are fostered and maintained.

Courtesy Rules

- ♥ Smile and carry on pleasant conversation. You will be surprised at how that one simple act will make their day!
- ♥ Refrain from use of cell phones while in the building. We want our residents to know that we are here for them.
- ♥ Be reliable and punctual. Many people are depending on you!
- ♥ Show respect for all persons, races, religions, and cultures. We serve a diverse community and all are valued and welcome. Remember this is their home.
- ♥ Always knock and wait for a response before entering a resident room.
- ♥ Let the staff know immediately if the resident has a need beyond what you can provide. Each resident has a call bell by their bed.
- ♥ We do not accept gifts or gratuities. This practice may lead to misunderstandings.
- ♥ Be a good listener. If the resident says something that obviously is not based in reality, do not contradict.
- ♥ Please refrain from argumentative behavior or abusive or offensive language. Even if the residents do not understand your words, they understand your facial expressions and tone of voice.

Wellness Commitment

- ♥ To protect the residents and yourself:
 - Remember that some of our residents have a weakened immune system. If you feel sick, we ask that you stay home until you are well.
 - Occasionally, we may have residents who are on isolation to prevent the spread of infection. The activity director will review our procedures with you.
- ♥ Handwashing: Studies have shown that the single most important factor for preventing the spread of infection is handwashing. Always wash hands:
 - Before starting work
 - Before and after touching a food utensil
 - After smoking
 - After using the toilet
 - After handling trash, soiled linen, ect.
 - After touching your hair, nose, ears, or mouth.
 - Before and after wearing gloves
 - Hand sanitizing gels can be used instead of washing hands. Generally speaking, wash hands at least after the third use of hand sanitizing gel.

Complaints/Problems

- ♥ Residents are encouraged to voice complaints. If they do, please notify the Activity Director, Social Service Director, or nurse as soon as possible so steps can be taken to resolve the concern.

Emergency Procedures

You may be in the building when you hear an emergency code announced. These codes are outlined in the Disaster/Emergency Preparedness Manuals located at each nurse's station. Our staff is trained on each code and will act immediately to ensure your safety and the safety of our residents. The Activity Director will review your responsibilities during a drill or actual event.

If you are injured while volunteering at Cypress Cove, it is important to report to the Activities Director immediately.

Volunteer Profile

Interests

Have you ever worked as a volunteer before? Yes No If yes, describe: _____

What days and times are you available? Monday _____ Tues _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____ Holidays? _____

Hobbies, skills, or interests: Check all that apply:

<input type="checkbox"/>	Plan and prepare for special events
<input type="checkbox"/>	Bingo
<input type="checkbox"/>	Outings
<input type="checkbox"/>	Parties
<input type="checkbox"/>	Exercise
<input type="checkbox"/>	Cooking classes or demonstrations
<input type="checkbox"/>	Companionship: visiting, reading, letter writing, etc.
<input type="checkbox"/>	Arts: painting, drawing, dance
<input type="checkbox"/>	Crafts
<input type="checkbox"/>	Serving meals and snacks
<input type="checkbox"/>	Music
<input type="checkbox"/>	Singing
<input type="checkbox"/>	Clerical work
<input type="checkbox"/>	Other: Please specify
<input type="checkbox"/>	Other: Please specify
<input type="checkbox"/>	Other: Please specify
<input type="checkbox"/>	Other: Please specify

Volunteer Orientation Checklist

Name: _____ email: _____

Home Phone: _____ Cell Phone: _____ Text Messaging? YES No

Mailing Address: _____ City: _____ St: _____ Zip: _____

Volunteer job description

Statement of Resident's Rights

Acknowledgment of confidentiality

Copy of photo ID

Background check consent

Handwashing policy/Infection control

Emergency/fire plan

Sign in procedures/tour

Emergency Contacts : Name: _____ Phone: _____

Name: _____ Phone: _____

To the best of my knowledge, I am free of contagious diseases or conditions. If at any time I become contagious, I will not come to Cypress Cove Care Center to volunteer or visit.

Signatures:

Volunteer: _____

Activity Director: _____

400.022 Residents' Rights

- (1) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.
- (2) The right to private and uncensored communication.
- (3) The resident has the right to deny or withdraw consent to access at any time by any entity or individual.
- (4) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care.
- (5) The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.
- (6) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.
- (7) The right to manage his or her own financial affairs or to delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident.
8. The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.
- (9) The right to be adequately informed of his or her medical condition and proposed treatment.
- (10) The right to refuse medication or treatment and to be informed of the consequences of such decisions.
- (11) The right to receive adequate and appropriate health care and protective and support services.
- (12) The right to have privacy in treatment and in caring for personal needs.
- (13) The right to be treated courteously, fairly, and with the fullest measure of dignity.
- (14) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints.
- (15) The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home.
- (16) The right to freedom of choice.
- (17) The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated.
- (18) The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.
- (19) The right to receive notice before the room of the resident in the facility is changed.
- (20) The right to be informed of the bed reservation policy for a hospitalization.

Volunteer Job Description

Position: Volunteer

Goal of position is to enhance the community of Cypress Cove Care Center by assisting residents, staff, or guests.

Sample Activities:

1. Accompany staff and residents on outings
2. Assist with meal time or snacks
3. Assist with outdoor activities
4. Assist in various jobs such as clerical, cleaning, laundry, sewing
5. Assist with special interest programming
6. Offer companionship

Scheduling: As agreed upon by volunteer and activity coordinator

Qualifications:

1. Interpersonal skills
2. Understanding and empathy for others
3. Respect for others
4. Kind spirit: flexible, patient, and tolerant

Benefits to the Volunteer:

1. An opportunity to give to others
2. Experience another generation
3. Be a role model for others
4. Practice your talents and abilities in a safe environment
5. Meet and befriend others
6. Learn job skills
7. Know that you have made a difference in the quality of someone else's day

Criminal Background Screening Request Form

Federal Background Services

Phone: 561-969-9966

Fax: 561-969-9988

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____ D.O.B.: _____ SS#: _____

Sex: _____ Position Applying For: _____ or Volunteer

Forward Results to:

Human Resources

Cypress Cove Care Center

Phone: 352-795-8832

Fax: 352-795-0490

Email results to:

Report Requested: Florida Criminal History FDLE

Other: (Specify) _____

Authorization:

I authorize the release of criminal background screening reports to Cypress Cove Care Center.

Signature of Applicant: _____ Date: _____

Privacy of individually identifiable Health Information
Federal Compliance Policies and Administrative Requirements

Confidentiality Statement of Understanding

I acknowledge that I have been informed of the following policies regarding confidentiality of patient information:

- There is a federal law concerning permitted and required uses and disclosures of protected health information and this center endeavors to abide by this law.
- The care of a patient is always personal in its very nature, and therefore any information about the patient's condition, treatments, or personal data is absolutely confidential and must not be discussed with anyone other than those who are directly responsible for the patient's care and treatment.
- Employees, private sitters, Volunteers and others involved with patient care and services should refrain from talking about patients in inappropriate and public places inside the center, and should never talk about patients outside the center.
- Information generated through contact between patients and health care providers is privileged and confidential. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to verbal, written, printed and electronic formats.
- The information in a patient's medical record is confidential and cannot be disclosed without the patient's knowledge and consent. There are occasions when a legal duty to disclose information arises, however, such disclosures should only be made by the center's Privacy Officer, DON,. Or Administrator.
- There are also occasions when third parties (financial institutions, government agents, public health official, or other employers) may request information regarding current and or past employees of the center. These requests should be referred to my immediate supervisor, the DON or the center Administrator.
- The confidentiality of patient and employee information is of utmost importance. Employees, Private sitters, Volunteers and others are obligated and encouraged, without fear of retaliation, to report any known or suspected violations of the center's privacy policies and procedures to the Privacy officer, the Administrator, or the DON.
- Deliberate violations of any of the cent's privacy and security policies and procedures will be subject to disciplinary action, up to and including immediate termination of employment, as well as possible prosecution under state and federal privacy laws.

I understand and accept the above statements. I acknowledge that my ethical and professional obligation to maintain the confidentiality of all patient information does not cease when employment or volunteering or other terms with this center no longer associate me.

I have participated in this center's in-service training on Privacy and Security rules for Health Information and agree to comply with all applicable policies and procedures provided during the training.

Signature

Date

Name (Please Print)