

Volunteer Application for Bethel Manor Activities Department

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

In which of the following areas would you like to help:

Bingo\_\_\_ Crafts\_\_\_ Singing\_\_\_ 1:1 Visitation\_\_\_

Outings\_\_\_ Cards/Games\_\_\_ Reading Hour\_\_\_

Baking/Cooking\_\_\_ Manicures\_\_\_ Sports Talk\_\_\_

Men's Hobbies\_\_\_ Gardening\_\_\_ Walking/Wheeling Outside\_\_\_

Other specific talents or interest: \_\_\_\_\_

\_\_\_\_\_

Specify days and hours you are available: \_\_\_\_\_

\_\_\_\_\_

Please list the names and telephone numbers of at least two (2) people that can be contacted as references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list an emergency contact person:

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Mantoux Testing Regulation:

I understand that state regulations require all volunteers complete a two-step Mantoux test initially and a one-step text annually thereafter. Testing is completed at the facility free of charge and must be completed prior to my working the agreed volunteer schedule.

Signature of  
Applicant \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Acceptance of Position:

Although I would be working in this facility as a volunteer, I understand that my acceptance of said position is an agreement with the activity department. I will treat this position with respect and adhere to the dates and times I have stated I wish to help. If I cannot keep this commitment I will inform the appropriate staff.

Signature of  
Applicant \_\_\_\_\_

Date \_\_\_\_\_



**Confidentiality Statement**  
**Employee/ Volunteer/ Student**  
**Bethel Manor**

I \_\_\_\_\_ understand and agree that in the performance of my duties at \_\_\_\_\_ I must hold ALL resident health information in the strictest of confidence.

I understand that a violation of any resident's rights to privacy or confidentiality of their health information may result in punitive action against me. This could include immediate dismissal from employment/ volunteering/ training.

I understand that I must be aware, at all times, of resident rights to privacy, including when I am away from my designated area. These include places such as the dining room or break room, in the hallways, and any other part of the health care facility.

When I leave this facility, I also understand that I still have a continued responsibility to uphold all resident rights to privacy. This means that I will not divulge confidential information about any resident at the facility when I am away from the facility.

If I have access to computers within the health care facility, I will only access them for legitimate business purposes. I will not access computer information just because I am curious and want to know more about a particular resident. In addition, I will not leave the computer screen unattended for any length of time. This allows for unauthorized access to medical information. I will not, under any circumstances, divulge my computer password (allowing access to the computer system) to anyone at any time.

When I am no longer affiliated with this facility, I also understand that I still have continued responsible to keep all resident health information in the strictest confidence.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Representative/ Title

\_\_\_\_\_  
Date