

VOLUNTEER OPPORTUNITIES

Heart-to-Heart Volunteer Program

Do you want to make a difference in someone's life? Clermont Senior Services invites you to join our *heart-to-heart* volunteer program. The experience is designed to be enjoyable and beneficial to both the volunteer and the senior.

Our volunteer program is a vital resource for Clermont Senior Services with many opportunities for individuals, families, civic groups, and churches to make a difference in the lives of senior citizens. Without the commitment of volunteers at Clermont Senior Services, we would not be able to fulfil our mission. Volunteering is not just a service; it is self-enrichment and a life event that develops long lasting, meaningful relationships. Volunteers may choose how they wish to serve and are welcome to participate in one or as many volunteer services as they like.

ELIGIBILITY REQUIREMENTS FOR VOLUNTEERS

- Complete volunteer orientation
- Successfully complete a background check
- Provide proof of auto insurance
- Have a current driver's license
- Provide two personal references
- Sign code of ethics and confidentiality
- Enjoy sharing their time and helping others

RESPONSIBILITIES FOR VOLUNTEERS

- Volunteers are **not** trained in infection control, first aid, or body mechanics; they do not do laundry, clean bathrooms, move customers from one residence to another, power wash decks, siding or perform tasks on ladders.
- Be supportive of Clermont Senior Services, Inc., consistently representing the Agency in a positive way. This includes maintaining a cooperative, courteous and respectful attitude.
- Show sincere caring and respect for customers and others in the program
- Fill out and turn in volunteer paperwork in a timely manner
- Be trustworthy, reliable and punctual
- Remember that volunteering is a serious commitment
- Volunteers are responsible for their own insurance.

Volunteer Registration Form

First Name:	MI:	Last Name:	Home Phone #:	Work Phone #:	Cell Phone #:
Street Address:			City, State, Zip Code:		
County:		Township:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
E-Mail Address:				Last 6 digits of SSN:	
Place of Employment:				Occupation:	
What are you interested in Volunteering for?					
<input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Extra Hands <input type="checkbox"/> Home Repair <input type="checkbox"/> Friendly Neighborhood Shopper <input type="checkbox"/> ADS Adult Volunteer <input type="checkbox"/> College Volunteer <input type="checkbox"/> Entertainment <input type="checkbox"/> Community Group <input type="checkbox"/> Board of Directors <input type="checkbox"/> Officer Visits <input type="checkbox"/> Centers <input type="checkbox"/> Bethel Woods <input type="checkbox"/> Miami Township <input type="checkbox"/> Union Township <input type="checkbox"/> Other <input type="checkbox"/> Other					
What are your Personal Interests/Hobbies					
<input type="checkbox"/> Arts and Crafts			<input type="checkbox"/> Music		
<input type="checkbox"/> Office Work			<input type="checkbox"/> Mentoring		
<input type="checkbox"/> Home Maintenance			<input type="checkbox"/> Annual Adopt-A-Senior Program		
<input type="checkbox"/> Working with the Elderly			<input type="checkbox"/> Teaching		
<input type="checkbox"/> Exercise/Fitness			<input type="checkbox"/> Computer Training		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____		
How did you hear about us? <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Hospital/Facility <input type="checkbox"/> Other					
Personal References:					
Name:		Address:		Phone #:	E-Mail Address:
Emergency Contacts:					
#	Name:	Relationship	Home Phone #:	Cell Phone #:	
1					
2					

I give permission to Clermont Senior Services, Inc. to obtain a copy of my criminal record, and understand that Clermont Senior Services, Inc. has the right to decline any application.

I understand all information will remain confidential and will become a part of my Volunteer Record.

Signature: _____

Date: _____

Personal Reference Form

For more than **40 years**, Clermont Senior Services, Inc. has had a mission to improve the quality of life for older adults by providing a broad range of home and community based services enabling them to remain as active and independent as long as possible.

Potential Volunteer: Please give this Personal Reference Form to a person of your choice other than a relative.

Person completing Reference Form: The potential volunteer has submitted an application to our Volunteer Resources Department in hopes of becoming a volunteer. We would appreciate you completing this form so we can make a decision on the applicant's ability to fulfill the responsibilities involved in our Volunteer Program.

All the information supplied will remain confidential. Thank you.

You can return the form by faxing it to 513-536-4121 or e-mailing it to Kathy Angel at angelk@clermontseniors.com.

Applicant's Name: _____

How long have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment like this?

Are you aware of any physical or emotional problems that would limit the applicant?

Would you recommend this applicant for placement? Yes No

Additional Comments: _____

Signature: _____

Date: _____

Print Name: _____

Volunteer Coordinator reviewed? Yes No

Personal Reference Form

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Would you recommend this applicant for placement? Yes No

Additional Comments: _____

Signature: _____

Date: _____

Print Name: _____

Volunteer Coordinator reviewed? Yes No

Home Delivered Meals Volunteer Job Description

Purpose:

- To deliver nutritious meals to frail, homebound older adults.

Responsibilities:

- Deliver meals in a timely, courteous manner.
- Check on the welfare of customers.
- Notify CSSI of any problems or irregularities.

Training:

- An overview of the agency will be presented to all volunteers.
- All facets of the MOW program will be explained to the volunteer, including normal delivery routine as well as emergency procedures.

Reports:

- Route sheets are turned in as soon as possible (can be mailed)
- Mileage sheets are turned in monthly.
- Savory Select menus from customers need to be turned in same day or dropped off at office, or drop site usually UT center or MT center)

Time commitment:

- Two to three hours per day for each route.

Qualifications:

- Kindness, courtesy and dependability
- A desire to serve others
- Meet agency requirements per policies and procedures.
- Valid driver's license
- Proof of automobile insurance
- A safe driving record
- Clean background check, including personal references

Basic Physical Requirements:

- Lifting: Medium Physical Demand Level (PDL). Up to 30 pounds, occasionally up to 50 pounds, frequently
- Climbing: Occasionally, up and down steps
- Environmental: Exposure to inside and outside temperature extremes occasionally

Benefits:

- Reimbursement for mileage. (Fluctuates according to IRS guidelines.)
- Satisfaction of working with and serving others while contributing to the betterment of the community.

Friendly Shopper Job Description

Purpose:

- To provide safety checks and limited, informal support to the homebound senior.

Responsibilities:

- Mutually agreed upon by both volunteer and customer. This may include shopping, visiting, or running errands.
- Check on the customer's well-being.
- Notify CSSI or emergency contacts of any problems or irregularities.

Training:

- An overview of the agency is presented to all volunteers.
- Volunteer Handbook is provided, including policies and procedures.

Reports:

- Mailed, called in or e-mailed monthly by volunteer. (i.e. volunteer hours, mileage reimbursement forms, etc.)

Time commitment:

- Mutually agreed upon by both customer and volunteer.

Qualifications:

- Kindness, courtesy and dependability.
- A desire to serve the elderly.
- Meet agency requirements per policies and procedures.
- Valid driver's license
- Proof of automobile insurance
- A safe driving record
- Clean background check, including personal references

Basic Physical Requirements:

- Medium Physical Demand Level (PDL)

Benefits:

- Satisfaction of working with and serving others while contributing to the betterment of the community.

Extra Hands/Community Engagement Projects Job Description

Purpose:

- To assist seniors with informal support to keep them living independently in their homes.

Responsibilities:

- Occasionally helping with bulk mailings-stuffing and labeling envelopes (office)
- Working on special projects or special events (office)
- Being on-call to pick up a few items at the store, from the post office, at the pharmacy, etc. (in the field)
- (One time only) Light household chores, i.e., hanging curtains, raking leaves, packing or unpacking boxes, washing windows or painting walls. (in the field)

Training:

- An overview of the agency is presented to all volunteers.
- Hands-on training with individual department staff
- Volunteer Handbook is provided, including policies and procedures.

Reports:

- Hours and tasks completed and reported to Manager of Volunteer Resources or another staff member when applicable.

Time commitment:

- On call as jobs are requested

Environment:

- Exposure to inside and outside extremes on occasion

Basic Physical Requirements:

- Medium Physical Demand Level (PDL)

Qualifications:

- Office experience (where it applies).
- Clean background check, including personal references
- Kindness, courtesy and dependability.
- A desire to serve the elderly.
- Meet agency requirements per policies and procedures.
- Valid driver's license
- Proof of automobile insurance
- A safe driving record

Benefits:

- Satisfaction of working with and serving others while contributing to the betterment of the community.

Clermont Senior Services, Inc.
Volunteer Code of Ethics

Volunteers Will Not:

- Use the customer's personal property without the customer's consent including using the telephone for personal calls and bathroom facilities.
- Use the customer's vehicle.
- Eat food brought to the customer's home without customer's consent.
- Consume the customer's food and beverage without the customer's consent or the customer offering it.
- Forge customer's signature and falsify documentation.
- Bring friends, relatives, pets or any unauthorized individual to the customer's home.
- Breach customer's privacy or divulge information.
- Consume or be under the influence of alcoholic beverages, medicine, drugs, or other chemical substances not in accordance with the legal, valid, prescribed use and/or in any way that impairs the provider in the delivery of services to the customer while in the customer's home or prior to service delivery.
- Smoke in the customer's home.
- Purchase alcohol or tobacco products for customers.
- Discuss personal problems, religious or political beliefs with the customer and others in the care setting.
- Solicit, steal, borrow, accept, obtain or attempt to obtain money or anything of value, including gifts or tips from the customer, household members and family members of the customer or caregiver.
- Engage in sexual conduct or in conduct that may reasonably be interpreted as sexual in nature, regardless of whether or not the conduct is consensual with the customer.
- Engage in behavior that may reasonably be interpreted as inappropriate involvement in the customer's personal relationships.
- Be designated to make decisions for the customer in any capacity involving a declaration for mental health, treatment, power of attorney, durable power of attorney, or guardianship.
- Sell to or purchase from the customer products or personal items.
- Engage in behavior that constitutes a conflict of interest or takes advantage of or manipulates services resulting in an unintended advantage for personal gain that has detrimental results for the customer, customer's family or caregivers, or another provider.
- Retain keys to customer's home, mailbox, vehicle or other personal property.
- Offer advice regarding medications, health or medical problems.

I acknowledge that I have received and read this copy of the Volunteer of Code of Ethics and that I solemnly commit to comply with the conditions set forth in these statements in all aspects of my service and activities on behalf of the Agency.

Signature: _____

Date: _____