



Chicago Methodist Senior Services

1415 W. Foster Avenue, Chicago, IL 60640-2105
 Phone 773.769.5500 • Fax 773.769.6287 • Web www.cmsschicago.org

Volunteer / Intern Application

Contact Information		
Name:		
Street:		
City, State, Zip Code:		
Home/Cell Phone:		
Work Phone:		
E-Mail:		
Availability		
During which hours are you available for volunteer / intern assignments?		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	
Interests		
Tell us in which areas you are interested in volunteering / interning. We are always open to new ideas!		
Administrative/Clerical:		
<input type="checkbox"/> Filing/Sorting		
<input type="checkbox"/> Preparing Mailings & Informational Packets		
<input type="checkbox"/> Fundraising/Writing/Desktop Publishing		
Activities:		
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Games(Board/Card)	<input type="checkbox"/> Spiritual/Religious Support
<input type="checkbox"/> Music/Performance	<input type="checkbox"/> Reading/Book Club	<input type="checkbox"/> Room Visits with Residents
<input type="checkbox"/> Current Events/History	<input type="checkbox"/> Animals Visits	<input type="checkbox"/> Assist with Group Activities
<input type="checkbox"/> Movies	<input type="checkbox"/> Cultural Experiences	<input type="checkbox"/> Lead Activity
<input type="checkbox"/> Sports	<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Other: _____

Reason for Volunteering / Interning

Tell us why you are interested in volunteering / interning at CMSS.

Previous Experience

Summarize your previous volunteer, intern and/or work experience.

Tell Us About You

Summarize any special skills or qualifications you would be able to share as a volunteer resulting from any hobbies, interests, or previous volunteer, intern, and/or work experiences.

References

1. Name:

Relationship:

Phone:

2. Name:

Relationship:

Phone:

Person to Notify in Case of Emergency

Name:

Relationship:

Street:

City, State, Zip Code:

Home/Cell Phone:

Work Phone:

E-mail:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer or intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):

Signature:

Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand that according to the policy of Chicagoland Methodist Senior Services and United Methodist Homes & Services, there will be a background check, drug screening and TB testing required prior to any assignment. Date of birth is required for such checks.



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Senior Services

Volunteer/Intern Corporate Compliance Affirmation Statement and Agreement

Volunteers/Interns who are scheduled on a routine basis will receive this Affirmation Statement and Agreement. After reading and understanding all sections, the Volunteer/Intern shall initial the sections as “understood”. The Volunteer/Intern Coordinator and the Volunteer/Intern must sign the bottom of the Affirmation Statement and Agreement.

1. _____ **Resident/Client Rights:**

It is the policy of CMSS that all residents/clients have the right to a dignified existence, self-determination and communication with and access to people and services. We will make every effort to assist each resident/client in exercising their rights to assure they are always treated with kindness, respect and dignity. Federal and state laws guarantee certain right to all residents/clients. Residents/clients are entitled to exercise their rights and privileges to the fullest extent possible.

2. _____ **Confidentiality:**

Staff and volunteers/interns are responsible for safeguarding information about persons served and following all HIPAA regulations. Persons served have the right to control information about them. For example, volunteers/interns shall not talk about resident/client behavior to people in the community. However, if a volunteer/intern has information, which could be fundamental to resident/client care, this information should be brought to the Volunteer/Intern Coordinator as deemed necessary.

3. _____ **Disaster preparedness (i.e., fire, tornado):**

When a disaster alarm sounds, or if a disaster is announced within the community, volunteers/interns are to report to the nearest Nursing Station and follow the instructions given by the Supervisor or representative. If a disaster occurs in the field, the volunteer/intern is to notify the Volunteer/Intern Coordinator immediately.

4. _____ **Emergency response procedures:**

Emergencies may include a resident/client falling or choking for example. The volunteer/intern, if first on scene, is to immediately gain the attention of a staff

member. The volunteer/intern is instructed NOT to attempt to move the resident/client, nor perform any medical procedures.

5. _____ **Safety procedures/precautions:**

Volunteers/interns are NOT permitted to lift or reposition residents/clients.

When assisting to pass out refreshments, the volunteer/intern will work directly with a staff member and follow the direction of the designated staff member (who is aware of special diet precautions and/or swallowing disorders). During crafts, cooking and other hands-on activity tasks, all supplies and equipment will be approved as “safe” by a designated staff member. Staff will guide volunteers/interns in the use of all supplies and equipment. Staff will follow safety guidelines such as supervising scissors use, checking for the size of beads or buttons to deter swallowing of items by residents/clients who are cognitively impaired, and other such considerations. Also, staff will inform volunteers/interns of any pertinent medical and/or physical precautions related to residents/clients with whom the volunteer/intern will work. For example, if a resident/client demonstrates “wandering”, the volunteer/intern will be informed. This information will be used by the volunteer/intern for the benefit of the resident/client while the volunteer/intern is assisting with programming in which this resident/client is involved. As per the “confidentiality” given to all residents/clients, the volunteer/intern will not repeat this information in the community.

6. _____ **Infection Control:**

Volunteers/interns will follow universal infection control procedures such as hands will be washed between working with residents/clients, from room to room for individual visits, and following a group activity where residents/clients were touched. Volunteers/interns will report to a designated staff member for instructions before entering a room marked as “isolation”. Volunteers/interns will follow all procedures listed on resident/client room doors for isolation procedures, such as contact isolation and use of disposable gloves. Volunteers/interns shall follow all organization’s recommendations such as not coming to the site when he/she is suffering from the flu or other infectious illness.

7. _____ **Abuse and Neglect:**

Volunteer/intern will report to the Volunteer/Intern Coordinator any of the following: Abuse: Physical contact which harms or is likely to harm the resident/client or inflicting emotional pain or distress on resident/client; Neglect: Failure to provide treatment and services necessary to maintain the health and safety of the resident/client are noticed.

8. _____ **Body Mechanics:**

- Basic Body Mechanics include the following suggestions:
- (a) Use back intelligently. Always try to maintain the natural contour of the spine.
Do not bend back out of shape. Always bend knees when lifting or bending.
Avoid twisting at the waist.

- (b) Standing: Maintain a natural posture by holding the head up, back straight and relaxed.
- (c) Sitting: Try to avoid low, soft chairs, and sofas. Choose a chair that is fairly straight, supports back and puts knees slightly higher than hips.
- (d) Bending or lifting: Never bend from the waist with locked knees – even when doing toe-touching exercises. To pick up something from the floor or a place where bending is necessary to reach, then bend knees and slowly squat down. Keep back as straight as possible. Use the muscles in legs to do the work, not back muscles.

9. _____ Miscellaneous:

Volunteer/intern will wear a name badge at all times while on duty in the community or in the field. Volunteers/interns will sign in/out in volunteer book located at the reception desk. Volunteer/intern will call Supervisor or the Volunteer/Intern Coordinator if unable to keep schedule. Wear clean, modest clothes and comfortable closed shoes. Avoid controversial, threatening, or distressing topics of conversation. Volunteer/intern must get permission from Supervisor before giving residents/clients any gifts or food items.

Acknowledgement

I have received and reviewed a copy of the Corporate Compliance Affirmation Statement and Agreement as part of my compliance training and I understand, acknowledge and accept its contents as they relate to my volunteer/intern position.

I have had the opportunity to ask questions and discuss any aspect of the Corporate Compliance Affirmation Statement and Agreement with the Corporate Compliance Officer and/or the Volunteer/Intern Coordinator and I present an original signed copy of this Corporate Compliance Affirmation Statement and Agreement for inclusion in my personnel record.

I acknowledge my affirmative obligation to adhere to the principles and standards of the Corporate Compliance Affirmation Statement and Agreement and to report any violations or suspected violations of the Corporate Compliance Affirmation Statement and Agreement to my immediate supervisor, the Corporate Compliance Officer or the Volunteer/Intern Coordinator.

I also acknowledge that the Corporate Compliance Affirmation Statement and Agreement does not represent any type of employment agreement or contract and that my volunteering/internship is on an “at will” basis.

Volunteer/Intern Signature

Date

Director of Volunteer/Intern Services Signature

Date