

VOLUNTEER APPLICATION
Cherokee Elder Care/PACE

Name _____
First
M.I.
Last

(____) _____ (____) _____ (____) _____
 Home Phone Work Phone Cell Phone

Mailing Address _____ City, _____ St. _____ Zip _____

E-Mail Address _____ SSN _____

Emergency Contact Name: _____ Phone(____) _____

List any languages, other than English, that you speak and/or write fluently: _____

Please check all activities in which you would like to be involved:

Arts/Crafts	<input type="checkbox"/>	Current Events	<input type="checkbox"/>	Discussion Groups	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	Games	<input type="checkbox"/>	Music	<input type="checkbox"/>
Parties	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Reading	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Sewing Circle	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>
Karaoke	<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	Board Games	<input type="checkbox"/>
Card Games	<input type="checkbox"/>	Dominoes	<input type="checkbox"/>	Lectures	<input type="checkbox"/>
Reminiscing	<input type="checkbox"/>	Knitting	<input type="checkbox"/>	Crochet	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please list all previous experience you have had in volunteer work: _____

Days and Time Available:

Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	A.M.	A.M.	AM.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.
Time	Time	Time	Time	Time

Personal References: Three (3) REFERENCES ARE REQUIRED. References should not be a relative or live within your household. References should be someone you have known for at least 6 months.

Reference #1

Name _____

Address _____

Phone # _____ Length of time known _____

Reference #2

Name _____

Address _____

Phone # _____ Length of time known _____

Reference #3

Name _____

Address _____

Phone # _____ Length of time known _____

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, please explain: _____

I certify that all statements contained herein are true and complete to the best of my knowledge.

Signature _____ Date _____

Cherokee Elder Care Expectations for Student Volunteers/Volunteers

It is a privilege to have the opportunity to work with Cherokee Elder Care (CEC) PACE staff. We are excited to have you here and want to ensure that the experience is rewarding for you, our participants and staff. In order to accomplish your entities goals and help meet Cherokee Elder Care's standards, all of the expectations listed below must be followed:

1. Students are expected to be appropriately dressed for their designated work assignment.
2. Students are required to wear their CEC provided name badge daily
3. Students are expected to work side by side with CEC's staff as assigned.
4. Students will take breaks as designated by CEC Adult Day Health Center supervisor.
5. Students are expected to be respectful of our participants at all times!
6. Students are not to accept gifts or money from our participants.
7. Students are expected to arrive on time and be ready to work; sleeping at CEC is not allowed.
8. Students are expected to be productive during their shift; when you are not assisting staff, engaging participants with activities such as reading, board games, conversation, etc. is required.
9. Students are expected to call CEC supervisor when they have to be absent on a scheduled day.
10. Students are not to have visitors at CEC unless approved by your entities supervisor and CEC supervisor has been notified.
11. Students are expected to be professional by presenting a good image of themselves and their team in both behavior and appearance.

If at anytime, we do not feel you have been able to follow any of these expectations, your supervisor will be contacted and you will be asked to leave immediately.

Student Name

Date

CEC Representative

Date



**Cherokee
Elder Care**
*a community
PACE program*

CHEROKEE ELDER CARE

HIPPA Visitor Agreement

I have received information about the Notice of Privacy Practices, which under **HIPAA**, the Health Insurance Portability Accountability Act, started in 1996, requires acknowledgement of the organization's Protected Health Information practices.

I understand that during my visit and later, it is necessary to make sure no unauthorized person can read participant information and that I do not discuss participant information with anyone other the Cherokee Elder Care team, or other authorized parties and only with those who have a need to know. I am responsible for keeping all participant information private.

Guest Signature

Date

Cherokee Elder Care Volunteer Health Information

Name: _____ Date of Birth _____ Date: _____

Address: _____ City, _____ State, _____ Zip _____

SSN# _____ Home Phone No: _____ Cell: _____

Program or Entity From: _____ Phone No. _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone No: _____

Primary Care Physician _____ Phone No: _____

NOTE: It is necessary for Cherokee Nation Comprehensive Care Agency to obtain the following Health Information. All information provided is held confidential and will only be reviewed by the RN, Program Director, or the CEC Human Resources Representative.

PERSONAL HISTORY:

Do you have any known allergies, asthma, convulsions or seizures? YES or NO

If so, please list your medications in the space(s) provided:

Current List of Medications _____

I hereby certify that I have read and understand all of these questions and have responded to these questions to the best of my knowledge.

Signature: _____ Date: _____

CEC Representative: _____ Date: _____

CHEROKEE ELDER CARE
HUMAN RESOURCES POLICIES & PROCEDURES

VOLUNTEER APPLICANT'S CONSENT TO DRUG/ALCOHOL TESTING

I understand that Cherokee Elder Care (CEC) may exercise the right to conduct drug and/or alcohol tests of volunteers for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of volunteering with CEC is the satisfactory passing of CEC's drug and/or alcohol test(s).

For the purposes of being further considered for volunteering, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be allowed to participate or volunteer at CEC.

If I am accepted to volunteer, I agree to take drug and/or alcohol tests whenever requested by CEC, and I understand that the taking of such tests is a condition of my continued volunteer status.

I also give consent to the testing agency to release to CEC and other officially interested parties the results of my tests.

At this time I consent to a drug and/or alcohol test.

(Signature of Applicant)

(Date Signed)

(Printed Name of Applicant)

(Signature of CEC Witness) and date

Cherokee Nation Comprehensive Care Agency

dba

Cherokee Elder Care

Consent for background check for Volunteer Applicant

In consideration of my volunteer application with Cherokee Elder Care, I hereby grant permission for a general background check to be conducted through investigation of my personal history. This background check will include, but is not limited to, verification of any dates, names, facts, or circumstances provided by me as well as the following:

Statewide Criminal History Search
Federal Criminal Search
Social Security Number Verification
Oklahoma Screen

I further understand that no additional notice shall be required to conduct additional background checks once/if I become a volunteer.

I further give permission to Cherokee Elder Care to receive a copy of any information obtained in the file of any federal, state, or local court or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. I understand that the scope of this investigation will be limited as required by applicable law.

I agree to comply fully with Cherokee Elder Care's background investigation and further agree to sign any necessary release to obtain access to relevant information. I further understand that consenting and complying with a request to perform a background check does not in any way constitute approved volunteer services on my behalf.

Full printed name of Volunteer Applicant

Social Security number

Date of Birth

Signature of Volunteer Applicant

Date