

Prospective Volunteer:

Welcome to the Chesterfield Home for Veterans (CFMVH). We are very pleased that you are considering the CFMVH as a place to share your time and talent for the benefit of our members.

CFMVH volunteers are highly valued members of the CFMVH team. Volunteers allow us to offer a greater number and variety of services to the veterans at the CFMVH. Through the effort of volunteers, such as yourself, our members enjoy a much greater quality of life. Thank you for considering this opportunity.

Our volunteer application process is rigorous to ensure both member safety and so volunteers feel well-prepared. The home is a truly special place and we are confident you will find volunteering here incredibly rewarding. The application process includes:

- Application and Background Check
- TB test at the CFMVH (There is no cost. The TB test requires 2 appointments within 48-72 hours) -OR- documentation of negative TB test within last 3 months
- Orientation/Tour

I will work with you to help make the above process as easy as possible for you. Please see my contact information below, if you have questions or are ready to schedule an appointment to begin volunteering at the Chesterfield Home for Veterans.

Thank you, thank you! We could not do all that we do without the support of volunteers.

Volunteer Coordinator-Maxine Butler
Chesterfield Home for Veterans
47901 Sugarbush Road
Chesterfield Township, MI 48047
(586) 256-9921
ButlerM13@michigan.gov

VOLUNTEER APPLICATION
CHESTERFIELD HOME FOR VETERANS
 47901 SUGARBUSH ROAD, CHESTERFIELD MI, 48047
 Volunteer Coordinator-Maxine Butler
 (586) 256-9921 ButlerM13@michigan.gov

Name: Mr./Ms. _____ Birthdate: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ E-Mail: _____

Organization Membership: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Experience, Interests & Training: _____

Restrictions and Limitations: _____

Have you ever been convicted of a felony or have charges pending? Yes ___ No ___

Explain: _____

(Volunteers under the age of 18 must always be accompanied by a parent or designated guardian.)

Availability

Morn: M T W T F Sat. Sun.

Aft: M T W T F Sat. Sun.

Eve: M T W T F Sat. Sun.

Interest

- | | | |
|--|--|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Bingo | <input type="checkbox"/> Picnics |
| <input type="checkbox"/> Library | <input type="checkbox"/> Music | <input type="checkbox"/> Outings |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Games | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Grounds | <input type="checkbox"/> Pet Visits | <input type="checkbox"/> Wii |
| <input type="checkbox"/> Crafts/woodworking | <input type="checkbox"/> 1 on 1 Visits | <input type="checkbox"/> Memory Care Unit |
| <input type="checkbox"/> Reading Mail/Writing Letters | <input type="checkbox"/> Beauty/Barbershop | |
| <input type="checkbox"/> Playing Cards (circle all that apply: Rummy, Poker, Cribbage, Bridge, Euchre) | | |
| <input type="checkbox"/> Teaching internet/Help member navigate email or websites | | <input type="checkbox"/> Organize Donations |
| <input type="checkbox"/> Other interests/skills _____ | | |

For Office Use Only

- | | | | | |
|-----------------------------------|---|---|---|------------------------------------|
| <input type="checkbox"/> Handbook | <input type="checkbox"/> Background Check | <input type="checkbox"/> Signed Code of Conduct | <input type="checkbox"/> Orientation & Tour | <input type="checkbox"/> ID Issued |
| <input type="checkbox"/> HIPAA | <input type="checkbox"/> Sign In ACCUSHIELD | <input type="checkbox"/> Driver's License/ID | | |
| <input type="checkbox"/> VA Form | <input type="checkbox"/> TB Test | <input type="checkbox"/> Pet Shot Record | | |

VOLUNTEER APPLICATION

Background Check

As a condition of being considered for employment as a volunteer:

- I hereby consent to and authorize CFMVH to conduct a background check that includes a search of state and federal abuse and neglect registries and databases.
- I hereby authorize the release of any relevant information to be used to conduct the background check as required under Michigan Public Acts 27, 28, and 29 of 2006.employment as a volunteer:

Disclosure

- Pursuant Public Act 26,27, 28, and 29 or 2006 I agree, that as a condition of volunteering, I will immediately report to the Chesterfield Home for Veterans Volunteer Coordinator any arraignment or conviction of a misdemeanor or felony.
- I also agree to immediately report whether I become the subject of an order or disposition finding of not guilty by reason of insanity.
- I further agree to immediately report being the subject of a substantial finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in relation to a skilled nursing facility.

Conditional Volunteer Agreement

If the home determines it necessary to employ a volunteer pending the results of the state and federal criminal history background check, I understand the following:

- If the background check does not confirm my disclosure statement made above, my volunteer status will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- Volunteers will provide current personal information, such as address and telephone number, and notify the Home of changes as they arise.

Application Rights

- I understand that upon my request, CFMVH must provide a copy of any disqualifying record information found on any of the relevant registries or address.
- I understand that if I believe the result of any disqualifying record information found on any relevant registry or database is inaccurate, that it is my responsibility to correct the record information by directly contacting the appropriate registry/database owner.

CERTIFICATION: By signing and submitting this application, I certify that this application is complete, and all information provided is true and accurate and contains no willful falsifications or misrepresentations. I understand that falsifications, misrepresentations, or omissions may disqualify me from consideration for volunteer service.

Signature: _____ Date: _____

Volunteer Code of Conduct

Agency Mission Statement: to provide compassionate, quality inter-disciplinary care for the members to achieve their highest potential of independence, self-worth, wellness and dignity.

As a volunteer at and for the Chesterfield Home for Veterans, I am committed to:
(please initial each box)

Personal Responsibility:

- Be dependable, recognizing the commitment and responsibility to my volunteer assignment(s).
- Accept assignment(s) consistent with my interest, abilities, and available time.
- Accept and provide feedback to ensure best possible experience for both volunteer and members.
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.
- Not accept tips, gifts or payment from members.
- Do not participate in any financial transactions with a member. Example: A Volunteer is not to purchase food items of any kind for members from outside sources. Member Services takes care of this task.
- Address ethical concerns by speaking directly with the Volunteer Coordinator, Activities Director or the RN Manager on duty.

Respect:

- Treat all individuals with a sense of dignity, respect, and worth. Make a personal commitment to be non-judgmental about cultural differences, living conditions and the life-style of each person with whom I work including not pressuring others to accept my personal beliefs.
- Avoid profane and abusive language and disruptive behavior that is dangerous to self and others. Will conduct myself in a calm, respectful manner.
- Abstain from the use of photo, audio or video recording equipment unless authorized.

- Respect all confidential information. Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves members, staff, volunteers, or other individuals.
- Comply with HIPAA laws/regulations and confidentiality information addressed in the Volunteer Handbook.
- Speak in a respectful manner and tone regarding the Home and all entities that impact the Home. I may not always agree with rules, policies, or governing laws, but the members and staff of the Home are not to be used as a vehicle for my own opinions.
- Respect and use all equipment appropriately, as required for my assignment. Abstain from the use of Home's equipment/resources for personal use.

Safety:

- Not use, possess, or be under the influence of alcohol or illegal drugs at any time while providing services for the Home.
- Abstain from all illegal activity. Alcohol cannot be brought into the Home or on State property.
- Wear required identification and clothing. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (slogans or graphics).
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries, and unsafe situations.
- Report suspicious activities to Volunteer Coordinator, Activities Director or RN Manager on duty.

And lastly:

- Received and read the Volunteer Handbook.
- Recognize that I have a responsibility to adhere to the Code of Conduct policy set by the Board of Managers and the rules and procedures of the agency. Failure to do so will result in my services no longer being requested.

Volunteer Name (print)

Volunteer Signature

Date

Witness Name (print)

Witness Signature

Date

PLEASE ATTACH/INCLUDE THREE REFERENCES ALONG WITH THEIR EMAIL OR PHONE
NUMBERS BELOW: