

Bridge Adult Day Program Activity Volunteer Requirements & Duties

Requirements

- Be able to volunteer weekly or monthly for 30 minutes or 1 hour (Monday-Friday) 9:00 AM –4:30 PM.
- Can be an individual or a group
- Fill out the enrichment volunteer informational forms below
- Have sensitivity to diversity of culture and lifestyles.
- Have the ability to work cooperatively with other staff.
- Must be dependable, and prompt.

Duties

Provide direct enrichment services of your choice to seniors who have Alzheimer's disease or related dementias and/or experience physical disabilities

- Present or perform some type of program sharing your love and expertise with the Bridge community. Example presentations can include the following as an individual or group:
 - Play a musical instrument
 - Sing
 - Lead a sing-a-long
 - Read aloud books or a book
 - Dancing
 - Present a show and tell with animals
 - Present a show and tell with specific knowledge, artifacts or arts/crafts
 - Teach them how and help them to create an easy art or craft project

Interact with clients who may at times be confused, angry, frustrated and have severe memory problems. **Treat all clients with respect and dignity.**



Catholic Community Service

Bridge Volunteer Informational Form

PLEASE PRINT:

Name:
Last: _____ First: _____ Middle Initial: ____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____

DOB: _____ Allergies: _____

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Last Name: _____ First Name: _____

Relationship: _____

Contact Numbers to call: Day: _____ Evening: _____

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES WITH CATHOLIC COMMUNITY SERVICE?

☐ Other CCS Volunteer ☐ CCS Website ☐ CCS Employee Work ☐ School/College

Please check the most appropriate day and shift that you would be available to volunteer:

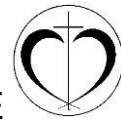
Mornings: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Afternoons: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Times: _____

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Code of Ethics: Volunteers

Catholic Community Service Volunteers

- a) Volunteers will support the mission, values and ethics of Catholic Community Service.
- b) Catholic Community Service will have a plan for its use of volunteers to complement the work of paid staff.
- c) Catholic Community Service will provide the resources needed for volunteers to be effective within the organization.
- d) Volunteers will be held to the same standards, policies, procedures and accountability as is paid staff of Catholic Community Service.
- e) Catholic Community Service will develop and use a recruitment plan to create a diverse group of volunteers to assist with promotion of the mission and work of the organization.
- f) Volunteers will be screened, interviewed and placed in roles within the organization that match their skills and abilities with the needs of Catholic Community Service and its clients. Background and reference checks will be completed on volunteers as appropriate to their type and level of responsibility and stated requirements of the volunteerism.
- g) As appropriate, a position description will be provided to volunteers, which outlines performance expectations upon commencing their volunteer role.
- h) As appropriate, volunteers will be offered training and development opportunities provided by Catholic Community Service regarding the mission, values and ethics of the organization.
- i) Catholic Community Service will have a designated individual(s) who will have responsibility for the ongoing coordination, training and supervision of volunteers.
- j) Catholic Community Service administration will formally recognize volunteers for the work that they perform for Catholic Community Service and its clients.
- k) Catholic Community Service will conduct an exit interview of volunteers who terminate their service to the organization and who want the opportunity of the exit interview. Catholic Community Service will use this information to continually improve its effective use of volunteers.
- l) Volunteers will not to use their role within the organization to receive preferential treatment when seeking services for themselves, family members or friends.

Volunteer Signature _____

Date _____



CATHOLIC COMMUNITY SERVICE

Contractor/Volunteer/Student Confidentiality Agreement

I, _____ acknowledge that as a result of my relationship as a contractor, volunteer or student with Catholic Community Service (CCS), I will, or may, be exposed to information which is confidential to CCS and the people they serve. **'Confidential Information'** is defined as all data and information relating to the business and management of CCS, including client information such as descriptions, names, demographic information, circumstances and status. 'Confidential Information' also includes any information pertaining to CCS business matters and information that has been disclosed by a third party to CCS.

I agree to the following:

1. Keep all 'Confidential Information' confidential and secure.
2. That all 'Confidential Information' will remain the exclusive property of CCS. 'Confidential Information' may not be used for any purpose that might be directly or indirectly detrimental to CCS, CCS employees, other contractors, volunteers, or students or the people they serve, excluding whistleblower situations.
3. To establish and maintain necessary procedures to insure compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) ACT, and AS 47.30.590.
4. Upon request of CCS, or upon expiration or termination of this Agreement, or the expiration or termination of the contract or volunteer or student status, turn over to CCS any documents, computer or other digital media, or other material that is connected with or derived from my services to CCS.
5. Immediately notify CCS if I fail to maintain the confidentiality of any of the 'Confidential Information' and take all reasonable steps necessary to retrieve the lost or improperly disclosed 'Confidential Information'.
6. Any disclosure of 'Confidential Information' may result in the termination of my contract or volunteer or student status with CCS and that I may not be permitted to engage in any type of employment or contractual work with CCS in the future.
7. Understand that any disclosure of 'Confidential Information' may result in civil and/or criminal penalties of fines and/or imprisonment depending on the found violation. This is pursuant to the Health Insurance Portability & Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) ACT, and AS 47.30.590. Take all necessary steps to ensure that the terms of this Agreement are not violated in any way.
8. This agreement will continue for a period of one (1) year from the date of signature providing there is continual service or unless otherwise terminated.

By signing below, I agree to this confidentiality agreement. I further understand the consequences should I violate this agreement.

Printed Name

Signature

Date

CCS Staff Signature

Date

Contracted Organization or Individual