

Dear Prospective Volunteer,

Below is a Volunteer Application, Confidentiality Statement/Agreement and a Background Check Form. To begin the process of becoming a volunteer with the Public Guardianship Program, please complete one of the two options below:

- 1) Print and complete and sign the Application and forms below and mail them to the following address:

**First TN Area Agency on Aging & Disability
Office of the Public Guardian
3211 N. Roan Street
Johnson City, TN 37601**

- 2) Contact the Volunteer Coordinator listed below to request that a Volunteer Application packet be mailed to you:

**Karrie Erick, Volunteer Coordinator
Phone: (423) 722-5105
E-mail Address: kerick@ftaaad.org**

After receiving your completed application and signed forms, the Volunteer Coordinator will conduct a background check. Once the background check is complete and approved, she will contact you to set a date and time for a short training session, at which time you will be assigned to one or more of the wards.

Thank you for your interest in becoming one of our valuable volunteers.

**FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY
PUBLIC GUARDIANSHIP FOR THE ELDERLY PROGRAM
VOLUNTEER APPLICATION**

DATE: _____

NAME (first, middle, last): _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

PHONE: (_____) _____ E-MAIL: _____

Please list the addresses of all places you've lived in the last ten (10) years starting with your current address:

ADDRESS: _____

Number of years lived at the above address: _____

ADDRESS: _____

Number of years lived at the above address: _____

ADDRESS: _____

Number of years lived at the above address: _____

ADDRESS: _____

Number of years lived at the above address: _____

Are you currently employed? Yes No

If you are currently employed, please state employer's name, telephone number, and provide a brief description of your job duties.

If you are not currently employed, please state the type of work you have done.

List hobbies, interests, skills:

List memberships in clubs or organizations:

Do you drive? Yes No

Do you own a car? Yes No

Driver's License number: _____ State: _____

How much time can you contribute to this Program?

_____ hours per week

_____ hours per month

Are there specific days or times you would be available to volunteer?

Have you volunteered or worked with elderly individuals and/or people with disabilities in the past?

Yes No

If yes, please provide a brief description of these activities.

Please give a few comments as to why you want to do this type of volunteer work.

Do you have any physical conditions and/or limitations that should be considered? Yes No

If yes, please describe the condition(s) and/or limitation(s).

Have you ever been convicted of a criminal act (minor traffic violations do not apply)? All applicants for volunteer work must list any prior conviction by any local, state, federal or military court of any felony or misdemeanor involving sexual crimes, crimes against a person, substance abuse and any charge of an *attempt* to commit sexual crimes, felonious assault, homicide, crimes against a person, substance abuse, unlawful breaking and entering, robbery, burglary, theft, or arson.

Yes No

If yes, please explain.

Please list three (3) references other than relatives:

Reference #1 Name: _____

Relationship: _____ Phone: (_____) _____

Address: _____

FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY

Date reference #1 contacted: _____ How long has reference known applicant? _____

Comments: _____

Reference #2 Name: _____

Relationship: _____ Phone: (_____) _____

Address: _____

FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY

Date reference #2 contacted: _____ How long has reference known applicant? _____

Comments: _____

Reference #3 Name: _____

Relationship: _____ Phone: (_____) _____

Address: _____

FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY

Date reference #3 contacted: _____ How long has reference known applicant? _____

Comments: _____

By signing this Volunteer Application, you are giving permission for the staff of the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardianship for the Elderly Program to verify information on the application form and authorizing the release of information by those individuals and agencies contacted.

Signature of Applicant

Date

BACKGROUND CHECK FORM

NAME (first, middle, last): _____

DRIVER'S LICENSE NO. _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

CURRENT ADDRESS: _____

I, the undersigned, do hereby authorize the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardianship for the Elderly Program to conduct a background check using the above specific information. I assert that this consent for a background check and release of information is given freely, voluntarily, and without coercion.

Signature of Applicant

Date

FTDD/FTAAAD Representative

Date

FOR LAW ENFORCEMENT USE ONLY

This will serve as confirmation that a Criminal Check with a local law enforcement agency has been done on the above person.

Compliance _____ *(Please check one)*

***Non-Compliance** _____

Signature of Local Law Enforcement
Official or District Attorney's Office

Date

***Please provide copies of Court information with case number(s).**

CONFIDENTIALITY STATEMENT

All consumer Protected Health Information (PHI – which includes consumer medical and financial information), employee records, financial and operating data of the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability, and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek consumer permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without legitimate need to know.
- The disclosure of a consumer's presence in the office, hospital, or other medical facility, without the consumer's consent, to an unauthorized party without legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using consumer information for marketing purposes without express permission from the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability and consumer.

The unauthorized disclosure of confidential information can subject an individual and the individual's employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

CONFIDENTIALITY AGREEMENT

I hereby acknowledge, by my signature below, that I understand that consumer PHI and other confidential or proprietary information of the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability which I may see or hear or otherwise gain knowledge of in the course of my visit/work with the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability. This information shall not be used or disclosed to anyone unless specifically authorized by the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability. The unauthorized use or disclosure of consumer PHI is possible grounds for my immediate removal from the premises, revocation of all future visiting/working privileges, legal action and/or a duty to mitigate damages.

Signature

Date

Print Name

First Tennessee Area Agency On Aging & Disability

VOLUNTEER FOR THE ELDERLY
DIRECT CLIENT SERVICE
OFFICE OF THE PUBLIC GUARDIAN
-Job Description-

The job of “Volunteer For The Elderly” is one of care and service to a person, or persons, who are not entirely self-sufficient in caring for themselves. It means becoming a “friend”. While it is not possible to define every service the Volunteer might supply to the client, some examples are provided below for guidance.

DUTIES:

1. Visit with the client a minimum of once a month or as often as needed to maintain a GOOD knowledge of the client’s health, general condition, physical appearance, needs, desires, and satisfaction with his/her living conditions. Clients need someone who is really interested in THEM. Reading, going through a magazine together, board games, puzzles, or just reminiscing are just some of the things Volunteers can do with their clients. Go for walks with the client throughout the facility or outdoor courtyards, or accompany the client to a scheduled activity. (See the Nursing Home Activities Director for opportunities and suggestions.)
2. Keep a brief record of your visits and observations. A “Volunteer Activity Log” will be supplied to you. Submit the completed Log, monthly, to the ADPG/VC (Assistant District Public Guardian/Volunteer Coordinator) in the pre-addressed, postage paid envelopes provided to you. (You may keep a photocopy of each Log for yourself.)
3. Assess the repair, cleanliness, and safety of the client’s living situation. Report unsatisfactory findings to the ADPG/VC.
4. **Check with the nursing staff before giving or leaving any food/candy items.** Make a note in your visitation log of any gifts you’ve given to the client.

5. Remember special occasions, such as a birthday, by giving the client a card or small gift and conducting a visit with them.
6. Help the client read or write letters or communicate with family and friends.
7. Feel free to help cheer up the client by brightening his/her surroundings. Especially in a nursing home, decorating a small bulletin board seasonally or for special holidays does a lot for the client who sits and looks at the same walls each day. Hang photos, posters, calendars, greeting cards, and change them often. Work on some art-work or craft TOGETHER with clients who are able to do so. (See the Nursing Home Activities Director for ideas and supplies.)
8. Consult with the ADPG/VC whenever a situation arises which may have legal ramifications or any other time when you need guidance. It is always better to “ask” whenever in doubt about any situation. You are a valuable part of our team and good communication is always desired so that we can work together and provide the best quality of living for our clients.

DISTRICT PUBLIC GUARDIAN:

Wanda Martin

First Tennessee Area Agency on Aging & Disability

M-F 8:00 – 4:30 (423) 722-5104

Emergency Cell (423) 946-2480

**ASSISTANT DISTRICT PUBLIC GUARDIAN/VOLUNTEER
COORDINATOR:**

Karrie Erick

M-F 8:00 – 4:30 (423) 722-5105

Emergency Cell (951) 751-3879