



Working with the community to establish comfort care homes
Serenity House of Mooresville • Serenity House of Huntersville

Volunteer Application

110 Centre Church Road, Mooresville, NC (704) 664-2004

Brittany Nichols, Volunteer Coordinator,

brittany@carolinacomfortcoalition.org

A non-profit, community-based organization committed to providing comprehensive and compassionate care to the terminally ill and their families in a home-like atmosphere.

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____ Date of Birth _____
 Occupation _____ Email Address _____
 Church Affiliation(optional) _____
 Emergency Contact _____ Phone _____

How did you hear about Carolina Comfort Coalition? _____

Have you worked as a volunteer before: Yes No
 If yes, please list organizations, length of involvement and duties performed.

Please share any concerns, fears or apprehensions you may have concerning dealing with the dying. _____

What strengths, abilities or talents do you feel you would bring to the Carolina Comfort Coalition? _____

What are some of your favorite hobbies or pastimes? _____

Please check the components that you as a volunteer at Carolina Comfort Coalition would be interested in:



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Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Resident Care | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Gardening/Maintenance | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Memory Book | <input type="checkbox"/> Office/Clerical |

Do you have any health problems or physical limitations that would restrict the work you can do? If yes, please explain _____

We ask that volunteers commit to a 4-hour shift either once a week, or once every other week. Is that possible for you? Yes No

Please circle the best days and times that accommodate your schedule:

Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Shift: 7am-11am 11am-3pm 3pm-7pm 7pm-11pm
8am-12pm 12pm-4pm 4pm-8pm 8pm-12am

Can you volunteer on weekends and/or holidays? _____

Please list two references we might contact.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Are there any other things you would like to tell us about yourself? _____

For office use only:

Interview date _____ Interviewed by _____

Comments _____

Training date _____ Basic _____ Bedside _____
Start date _____ Mentor: _____

Confidentiality

By the nature of our duties as volunteers in providing assistance to the residents of our home, we have access to highly confidential information concerning the residents and their families.

The following guidelines will assist us in maintaining their confidentiality in a respectful manner:

- ♥ Never use a resident's name outside the home.
- ♥ Any information about the resident should be confined to conversation inside the residence.
- ♥ Never give out resident status or other information to anyone over the phone unless you are certain that the caller is a family member. Please refer questionable calls to the nurse on call.
- ♥ Always be direct about what you tell anyone on the phone; there will be times when the resident and/or families are not aware of changes in status or imminent conditions. Again, always defer to the nurse on call if you are unsure.
- ♥ The resident may also not want certain people to know specific information. Check with the resident or nurse on call if there is the slightest doubt.
- ♥ Remember, it is not up to us to make decisions for the resident. Always, check with the resident concerning phone calls or visits. This allows the resident the control to decide. This is the resident's home now, and we afford them the right to control their life.

I have received a copy of this policy and will abide by the guidelines, both while I am a volunteer at Carolina Comfort Coalition, and after I leave.

Signature

Date

Print Name



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Volunteer Waiver of Liability

As a volunteer of Carolina Comfort Coalition, workers compensation insurance coverage is not provided to you in the course of your volunteer work on our behalf. Any bodily injury or employment related disease, plus loss of wages or other benefits, or any other incurred expenses will not be reimbursed by Carolina Comfort Coalition. We strongly encourage that while acting as a volunteer on our behalf that you proceed cautiously with your personal safety first.

To the fullest extent permitted by law, you agree to hold harmless the Carolina Comfort Coalition, their officers and owners, directors, agents, and employees from and against all claims, suits, liens, judgments, damages, losses and expenses including reasonable legal fees and cost arising in whole or in part and in any manner from the acts omissions, breach or default of the CCC.

Volunteer Name _____

Volunteer Signature _____

Date _____

____ Bedside Training Declined by Volunteer



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Authorization to Obtain Volunteer Background Report

I have read the Disclosure Regarding Employment Background Report provided by CAROLINA COMFORT COALITION DBA Serenity House (“COMPANY”) and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. (“STERLING”), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself, and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau’s “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Signature _____ Today’s date: _____



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First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number (no dashes)

Current AddressApt #

#yrs at this address

City

State

Zip Code

Previous AddressApt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

Today's Date (MMDDYYYY)