



Volunteer Application

Name: _____

Today's Date: _____

Address: _____

Contact Phone: _____

Email Address: _____

Your Occupation: _____

Person to notify in case of emergency:

Name: _____

Relationship: _____

Phone: _____

Address: _____

What languages do you speak other than English? _____

Where have you volunteered before? _____

What volunteer work would you like to do at Hale Makua?

When are you available to volunteer (Please list days and times)?

Please list 2 references (not family members):

Name: _____

Name: _____

Phone: _____

Phone: _____

How do you know them? _____

How do you know them? _____

Maintaining Confidential and Proprietary (Private) Information

While performing volunteer services, you may learn confidential information about residents, clients, employees, other individuals or about Hale Makua. Any information about their activities, circumstances or conditions is strictly confidential. It must not be discussed with non-staff, or anyone not connected with Hale Makua. It must not be discussed with Hale Makua employees or volunteers who do not require this information to perform service.

Please be very careful about discussions relating to a resident's or client's care or other work-related matters. This confidential information should only be shared by those who need to know in order to provide care and must be protected so that others cannot hear or see the information. Your disclosure, or failure to protect others from access to this confidential information is a violation of privacy rights- of a resident, client, employee, or our company.



CONSENT TO CRIMINAL CONVICTION RECORD INQUIRY

Name (Print): _____

Other names used _____

I hereby authorize Hale Makua to conduct an inquiry into my criminal conviction record, including state and federal checks. I further authorize any state, its cities and counties, the federal government, and any government agency to release the results of the checks to Hale Makua or its agent. I understand that the purpose of this check is to determine whether I have a conviction record that bears a rational relationship to the duties and responsibilities of the position that Hale Makua has offered to me. I understand and acknowledge that my conditional offer of a volunteer position may be withdrawn if the results of the inquiry indicate that my conviction record bears a rational relationship to the duties and responsibilities of the position.

List below any/all convictions or exclusions from participation in the federal health care programs:

I understand and acknowledge that the information disclosed to Hale Makua shall remain confidential and that Hale Makua will not disclose the information to any other employer or third party except to affiliated companies or as required by law.

Your signature _____ Today's date _____

If the participant is under the age of 18 years old:

As the parent or legal guardian of _____, I consent to the above terms and conditions.

Parent/Legal Guardian signature _____ Today's date _____

Attached is a document from the Hale Makua Management Manual:
Volunteer Services - Volunteer Agreement- 20-03

Please read and sign where indicated.



VOLUNTEER AGREEMENT

Position Summary:

Volunteers support Hale Makua's mission to improve the well-being of those in our care through compassionate personalized health services in our home and yours.

- Enhancing services currently provided by Hale Makua
- Providing individual services to residents as directed by the Volunteer Coordinator, or the Supervisor of the Department to which the volunteer is assigned.
- Providing support services to various departments or at events held on the campus or in the community
- Providing residents with personal companionship
- Exhibiting compassion for fellow, volunteers, residents, families, and staff

Position Relationships:

- Responsible to: Volunteer Coordinator
- Interrelationships: Works closely with residents, staff, managers, and family

Qualifications:

- Compassion and willingness to give time and energy
- Must be able to perform own activities of daily living independently
- Must be at least 16 years old, individuals younger than 16 will be accepted on a case-by-case basis at the discretion of the volunteer coordinator
- Must clear criminal background check
- Must clear TB skin test before assignment and annually thereafter if scheduled to volunteer 10 or more hours per week.
- Must attend a two-hour volunteer orientation with Volunteer Coordinator
- Must be able to independently perform activities of daily living, including movement within the facility and use of the restroom

Volunteer Duties (can include, but aren't limited to):

Admissions, Business Office, Development Office, Health Information Management, Human Resources, Nursing, Maintenance Office, Rehab, and Social Services:

- Administrative support such as filing, copying, shredding and light computer work.

Activities and Day Health Services:

- Talk story with residents
- Transport residents to and from daily activities and events
- Read to residents
- Play table games
- Assist on excursions
- Dining host or hostess
- Craft preparation and assembly
- Nature walks with residents outdoors on wheelchair paths
- Assist with letter writing upon request
- Visit residents on a one-to-one basis in Day Health or in the neighborhoods.

- Provide manicures for residents
- Assist at large functions such as May Day programs, County Fair, Aloha Week programs
- Provide entertainment for the residents
- Assist at special event functions

Rehab Department and Restorative Nursing Program:

- Transport residents to and from exercise departments and neighborhoods
- Assist therapists as needed with non-clinical tasks
- Follow physical therapist with wheelchair during resident walking
- Set resident up for therapeutic exercise under the supervision of the therapist
- Organize storage rooms and closets
- Organize and sanitize equipment such as canes and walkers, physical therapy and occupational supplies

Nursing:

- Assist during meals times by delivering meals and/or encouraging residents to eat
- Transport residents to various activities and exercise programs on the campus
- Socialize and talk story with residents on the neighborhoods

Agreement:

As a Hale Makua Volunteer, I agree to the following:

1. Learn and follow the all-Volunteer Policies and Procedures.
2. Always wear my name badge.
3. Comply with Hale Makua's requirement of an annual Tuberculosis (TB) screening when applicable.
4. To call in advance of my normal start time if I am unable to come in or if I plan to stop volunteering.
5. Have instructions for handling wheelchairs.
6. Not to provide clinical care including assisting with eating, going to the bathroom, or transferring. This includes assisting residents and/or clients with drinks or snacks, even at their request unless otherwise advised by a member of the nursing staff.
7. To report immediately any resident fall and seek staff assistance. I will not attempt to lift an injured resident.
8. To report any emergency including a fire, a resident fall, choking, or any other event which could cause harm to a resident or staff member or loss to Hale Makua's Volunteer Coordinator.
9. Understand in detail the definitions of Elder Abuse and my responsibility to report any type of suspected abuse immediately to a Hale Makua staff member.
10. Understand the definition of Dementia and the different ways to interact with individuals who have dementia.

REVIEWED AND UNDERSTOOD BY: _____

Signature

Date

Printed Name

If the participant is under the age of 18 years old:

As the parent or legal guardian of _____, I consent to the above terms and conditions.

Parent/Legal Guardian signature _____ Today's date _____



Hale Makua



Kahului • 472 Kaulana Street, Kahului, HI 96732 | (808) 877-2761
Wailuku • 1540 Lower Main Street, Wailuku, HI 96793 | (808) 243-1722

**Consent, Authorization and Release (“Consent”) – Photos, Videos, Audio and
Transcribed Statements
(Advertising, Marketing and/or Promotion)
(VOLUNTEER)**

I, _____, give my permission for photos, videos, audio and/or transcribed statements (collectively “Multimedia”) to be taken of me by **Hale Makua** (the “Facility/Entity”) or Ohana Pacific Health staff and/or their representatives or affiliates and used for the purpose of advertising, marketing and/or promoting the Facility/Entity or Ohana Pacific Health and its programs. I agree that any Multimedia taken of me may be reproduced, published, and/or displayed for advertising, marketing, and promotional purposes, including providing the same to the general public and to media for the same purposes without further consideration or additional consent or authorization.

I understand that any Multimedia are the property of the Facility/Entity and will not be returned to me and that I have no right to inspect or approve of any Multimedia. I hereby waive any claims I may have based on any usage of Multimedia or works derived therefrom, including but not limited to claims for invasion of privacy or publicity or for libel.

I understand that I may revoke this Consent by notifying Facility/Entity in writing of my desire to revoke it. I understand that any action already taken in reliance on this consent and authorization cannot be reversed, and my revocation will not affect those prior actions. I understand that neither I nor Facility/Entity nor Ohana Pacific Health will receive payment for photographs or videos based on this consent and authorization.

Signature

Email/Phone: _____

Date: _____

If the Volunteer is under the age of 18 years old:

I am the parent or legal guardian of the minor named above. I have the legal right to consent to the terms and conditions of this Consent on behalf of the minor named above

Name of Parent/Legal Guardian

Email/Phone: _____

Parent/Legal Guardian Signature

Date: _____