

Volunteering is a work of heart.

Thank you for your interest in volunteering at St. Leonard. I believe that volunteering is a ministry... a way to use your time and talents to enrich the lives of those you serve. One of my favorite quotes is: "Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."

Service is one of our core values here at St. Leonard . We have many service opportunities available throughout our campus. Let's work together to find the perfect fit by matching your interests and talents with our needs.

In order to ensure a safe and rewarding experience for you and our residents, we have a few procedures that need to be followed before you are able to start volunteering. Please start by filling out the attached application. As part of our policy, we conduct a background check on all volunteers that are not St. Leonard residents. We also conduct a TB screening for volunteers that will serve over 10 hours each month. The TB test can be completed in the Health Office here on campus. There is no cost to you for these services.

I am here to answer any questions you may have. Thank you for your willingness to share your time and talents in service to our residents. Volunteering is a work of heart!

Sincerely,

Alice Daniels
Outreach and Event Coordinator
937.432.6549
Fax: 937.281.1707
alice.daniels900@commonspirit.org

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Do not write in this box.

To be completed by Volunteer Services.

- | | |
|--|-----------------------|
| | <i>Date completed</i> |
| <input type="checkbox"/> Volunteer application received: | _____ |
| <input type="checkbox"/> Background check completed: | _____ |
| <input type="checkbox"/> Data entered into
Volgistics database: | _____ |
| <input type="checkbox"/> TB results: | _____ |
| <input type="checkbox"/> Volunteer badge: | _____ |
| <input type="checkbox"/> Volunteer Handbook given: | _____ |
| <input type="checkbox"/> Volunteer role assigned: | _____ |
| <input type="checkbox"/> Volunteer start date: | _____ |

Volunteer application.

Please print all information.

Date: _____

Name: _____
Last First Middle Initial

Male Female 18 years or older? Y N

Address: _____
Street City State Zip

Home phone: (____) _____ Work phone: (____) _____

Mobile phone: (____) _____ Email address: _____

Retired or current employment information:

Company: _____ Position: _____

Address: _____

Phone: (____) _____ May we call if necessary? Yes No

In case of emergency, notify:

Name: _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: (____) _____ Mobile Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Preferred Hospital: _____

Have you ever been convicted of a misdemeanor or felony (this includes without limitation, pleading guilty, pleading no contest, or having a finding of guilty)? (Conviction is not an automatic bar to volunteer placement. Each case is reviewed on an individual basis.) Yes No

If yes, please list:

Name(s) at the time	Date(s)	Location(s) – city,state	Type of Offense(s)
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Approximate number of hours per month you would like to volunteer? _____

Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Times Available: _____

How were you referred? _____

Volunteer work objectives:

- | | | |
|--|---|--|
| <input type="checkbox"/> Good use of free time | <input type="checkbox"/> Develop new skills | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Share skills | <input type="checkbox"/> Explore careers | <input type="checkbox"/> Do something for others |
| <input type="checkbox"/> Fun and relaxation | <input type="checkbox"/> Meet new people | <input type="checkbox"/> Other _____ |

Do you belong to any clubs or service organizations? Do you serve on any committees?
If yes, please list them along with your responsibilities.

Special interests/hobbies: _____

Past volunteer experience _____

Special skills *(Please check boxes.):*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing | <input type="checkbox"/> Database Management |
| <input type="checkbox"/> Website/Internet | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Writing/editing | <input type="checkbox"/> Music | <input type="checkbox"/> Artistic/Crafter | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Other: _____ | |

Volunteer Signature Date

Volunteer Parent/Guardian (If under 18 years of age) Date

Volunteer Coordinator Signature Date

Volunteer confidentiality agreement.

As a St. Leonard volunteer, I agree to:

1. To consider CONFIDENTIAL all information which I may hear, read or otherwise acknowledge, either directly or indirectly, concerning residents, doctors, or any other personal information, and to not seek information in regard to a resident.
2. To adhere to the dress code as specified by the Volunteer Services Department.
3. To make every effort to fulfill my Volunteer assignment on a regularly scheduled basis.
4. To make contact with the Volunteer Services Department or directly with the department I report to if it becomes necessary to be absent from a scheduled assignment early enough that a substitute can be found.
5. To notify the Volunteer Services Department if I must terminate my volunteer position.
6. Use responsible judgment in making decisions.
7. Be considerate, respect confidences and work as a member of a team with all staff and other volunteers.
8. Be considerate of the health of others by following infection control policies and by not reporting for assignment if I am ill or suspect that I might have a contagious, communicable condition or disease.
9. To IMMEDIATELY report to the Supervisor in charge and/or to the Volunteer Supervisor any accidents or change in condition that a St. Leonard resident may incur during my volunteering service.
10. To uphold the Philosophy and Values of St. Leonard at all times.
11. I understand that St. Leonard respects its residents, staff and volunteers' rights with regard to privacy of information and I agree to respect these rights in performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside the facility.

I have read the above and at my own discretion agree to abide by the standards set forth.

Volunteer Printed Name

Volunteer Signature

Date

If volunteer is under age 18: _____ has my permission to volunteer
(Printed Name of Minor Volunteer)
and to follow the above standards set forth by the St. Leonard Volunteer Department.

Parent/Guardian Signature

Date

National Web FBI waiver.

I hereby certify that I have given agency (8VA736-St. Leonard) permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I).

I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

Social Security Number

Date of Birth

Signature

Date