

Interviewed \_\_\_\_\_  
Starting Date \_\_\_\_\_  
Orientation \_\_\_\_\_

Assignment(s) \_\_\_\_\_  
Day(s) \_\_\_\_\_  
Time(s) \_\_\_\_\_



**JUNIOR VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First M.I. Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Your e-mail address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (optional): \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician (optional for emergency purposes only): \_\_\_\_\_ Phone: \_\_\_\_\_

Work Experience (paid or volunteer): \_\_\_\_\_

Career Interests: \_\_\_\_\_

Hobbies, Skills, Special Interests: \_\_\_\_\_

Days Available: (circle) M T W TH F SAT SUN Hours: \_\_\_\_\_

How did you hear about volunteer opportunities at Waveny? \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS OR GUARDIANS**

I permit my (son/daughter) \_\_\_\_\_  
to serve as a volunteer at Waveny LifeCare Network. I understand that this is a commitment and will cooperate with my  
(son/daughter) in complying with the rules and regulations of the Network.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



**CHECK LIST FOR NEW JUNIOR VOLUNTEERS**

**A. Overall Orientation**

1. Waveny LifeCare Network Mission, Goals & Objectives
2. Standards of Practice – Commitment to Quality
3. Volunteer Commitment
4. Resident Population & Categories of Admission
  - Rehab
  - Respite
  - Continuing Care
  - Terminally Ill
5. Resident Rights
6. Confidentiality/Privacy/Dignity
  - A. Addressing Residents
  - B. Knocking on doors before entering
  - C. Safeguarding Information
7. Infection Control
  - A. TB Testing
  - B. Hand washing
  - C. Handling “accidents”
8. Fire Safety & Accident Prevention
9. Abuse & Neglect - identification and response
10. Code of Conduct
11. Sign-in Procedures
12. Uniforms and Name Badges
13. Demonstration of Wheelchair Usage
14. Tour
15. Secured Unit Code Safety

**B. Department Specific (as applicable to department volunteer is assigned)**

1. Orientation Program – including introduction to staff
2. Specific Department Policies/Training Procedure
3. Specific Job Description/Responsibilities

The above has been explained to me, and I understand my responsibilities as a volunteer. I certify that I do not have, nor have I been exposed to, any communicable disease.

\_\_\_\_\_  
Volunteer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Volunteers’ or designee’s Signature

\_\_\_\_\_  
Date



Junior Volunteer Tuberculosis Risk Assessment Questionnaire

Name: (Print) \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

	Yes	No
Was your child born outside the U.S.? (See attached list of countries)		
Has your child traveled outside the U.S. within the last 10 weeks and stayed for greater than 1 week and interacted with the local population? (See attached list of countries)		
Has your child been exposed to anyone with TB disease?		
Does your child have close contact with someone with a positive TB skin test or TB blood test?		
Does your child live with anyone who has been in jail or prison, a shelter, who injects illegal drugs or has HIV?		
Has your child eaten unpasteurized cheese from Mexico or Central America?		

If you have answered yes to any of the questions above, your child is required to see their physician for a tuberculosis skin test. A note from their physician that includes the date the test was given, the date it was read and the test reading must be submitted before your child can begin to volunteer in the facility.

Parent/Guardian: (Print) \_\_\_\_\_

(Sign) \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B: List of High Risk<sup>1</sup> Tuberculosis Countries

Afghanistan	Georgia	Papua New Guinea
Algeria	Ghana	Paraguay
Angola	Guam	Peru
Anguilla	Guatemala	Philippines
Argentina	Guinea	Poland
Armenia	Guinea-Bissau	Portugal
Azerbaijan	Guyana	Qatar
Bahrain	Haiti	Republic of Korea
Bangladesh	Honduras	Republic of Moldova
Belarus	India	Romania
Belize	Indonesia	Russian Federation
Benin	Iraq	Rwanda
Bhutan	Japan	Saint Vincent and the Grenadines
Bolivia (Plurinational State of)	Kazakhstan	Sao Tome and Principe
Bosnia and Herzegovina	Kenya	Senegal
Botswana	Kiribati	Serbia
Brazil	Kuwait	Seychelles
Brunei Darussalam	Kyrgyzstan	Sierra Leone
Bulgaria	Lao People's Democratic Republic	Singapore
Burkina Faso	Latvia	Solomon Islands
Burundi	Lesotho	Somalia
Cambodia	Liberia	South Africa
Cameroon	Libyan Arab Jamahiriya	Sri Lanka
Cape Verde	Lithuania	Sudan
Central African Republic	Madagascar	Suriname
Chad	Malawi	Swaziland
China	Malaysia	Syrian Arab Republic
China, Hong Kong Special Administrative Region	Maldives	Tajikistan
China, Macao Special Administrative Region	Mali	Thailand
Colombia	Marshall Islands	The former Yugoslav Republic of Macedonia
Comoros	Mauritania	Timor-Leste
Congo	Mauritius	Togo
Cook Islands	Micronesia (Federated States of)	Tonga
Côte d'Ivoire	Mongolia	Trinidad and Tobago
Croatia	Montenegro	Tunisia
Democratic People's Republic of Korea	Morocco	Turkey
Democratic Republic of the Congo	Mozambique	Turkmenistan
Djibouti	Myanmar	Tuvalu
Dominican Republic	Namibia	Uganda
Ecuador	Nepal	Ukraine
El Salvador	New Caledonia	United Republic of Tanzania
Equatorial Guinea	Nicaragua	Uruguay
Eritrea	Niger	Uzbekistan
Estonia	Nigeria	Vanuatu
Ethiopia	Northern Mariana Islands	Venezuela (Bolivarian Republic of)
French Polynesia	Pakistan	Viet Nam
Gabon	Palau	Yemen
Gambia	Panama	Zambia
		Zimbabwe

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<sup>1</sup> Greater than 20/100,000 population  
Estimates can be found at <http://apps.who.int/ghodata/?vid=500>

**VOLUNTEER AGREEMENT**

In consideration of my being allowed to participate as a volunteer with Waveny LifeCare Network, Inc. (“Waveny”) and other good and valuable consideration, I hereby agree to the following terms and conditions:

1. As a volunteer with Waveny, I agree that I am not an employee of Waveny, and, as a result, I will receive no wages, salary, or other compensation or benefits for my services. I understand that I am not eligible for workers’ compensation insurance.
2. I agree to comply with Waveny’s rules and standards of conduct, including those contained in the checklist for new volunteers, as may be amended from time to time by Waveny.
3. I am under no obligation to provide any services and I am free to discontinue my volunteer services at any time. Waveny may terminate my volunteer relationship at any time with or without cause, for any or no reason, and with or without prior notice, at its sole discretion.
4. I understand that my volunteer services with Waveny may subject me to risks of personal injury, damage, or loss to my property occurring during the course of my providing services to Waveny, and I accept all such risks. I am fully aware of the inherent risks associated with my participation as a volunteer, which includes, but is not limited to, bodily injury, physical and emotional injury, death, and property damage. Understanding these risks, it is still my decision to participate as a volunteer, and I assume all such risks of injury, damage, or loss.
5. In consideration of the opportunity to volunteer at Waveny, I, my heirs, assigns, guardians and legal representatives, waive and release Waveny and its officers, directors, employees, volunteers, agents, and representatives (the “Released Parties”) from any liability for personal injury, death, damage, or loss to my property sustained in connection with my volunteer participation with Waveny. I also agree that neither I nor my heirs, assigns, guardians and legal representatives will make any claim against the Released Parties for injury, damage or loss resulting from acts or omissions of any person or entity, however caused, occurring during my service as a volunteer with Waveny.

By signing below, I certify that I have read and understand the contents of this Volunteer Agreement. I further certify that I am either (1) eighteen (18) years of age or older; or (2) have delivered the consent of my parent and/or guardian to Waveny to perform volunteer services at Waveny.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
Signature of Parent and/or Guardian  
If Volunteer is Under Eighteen (18) Years of Age