



Azalea Trail Nursing and
Rehabilitation Center
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Volunteer Program Packet

The following steps must be completed for every new volunteer:

- Volunteer to complete the Volunteer Application form
- Complete the Volunteers Investigation for Criminal Convictions consent form
- Check the:
 - Misconduct Registry
 - Nurse Aide Registry
 - Criminal History Check
- Do documented Volunteer Inservice covering applicable policies
- Volunteer to complete the Volunteer Confidentiality Statement
- Make Name Badge for Volunteer

Facility: _____

INVESTIGATION FOR CRIMINAL CONVICTIONS – Volunteer

1. I understand that my volunteer service is temporary until an investigation is made to see if I have a conviction for a felony or misdemeanor for certain types of offenses, such as:

- Homicide
- Kidnaping
- Sexual Assault
- Sex Offenses
- Commercial Sex
- Family Offenses
- Obscenity
- Robbery
- Larceny
- Embezzlement
- Extortion
- Stolen Property
- Stolen Vehicles
- Dangerous Drugs*
(Possession/Distribution)

2. I understand the Sex Offender Conviction Data Base, Department of Public Safety records. Nurse Aide Registry and Misconduct Registry will all be accessed.

3. I understand that I will be immediately terminated if I have a conviction for an offense like those listed above.

4. I understand that I must submit the following information for purposes of the investigation.

5. A person with a conviction for drug use may be eligible for employment if he or she can submit evidence of successful completion of a drug rehabilitation program.

6. The Misconduct Registry is a tracking system conducted by the DHS that maintains a listing of any individual that has committed the act of abuse, neglect, exploitation, or misappropriation. This facility will check this registry prior to hire and is prohibited from hiring anyone that is listed on the registry.

Please Type or Print Legibly:

Name (Last, First, Middle):		Other Names/Alias (Married, Maiden):	
Social Security No.:	Date of Birth (mo/day/yr):	Sex:	
		Male: _____ Female: _____	
Race/Ethnicity:		Signature:	
Black: _____ White: _____ Other: _____			
		Date:	

Facility Instructions: Use the above information to complete The Criminal History Check Form. Place this copy in the Employee's personnel file.

FOR FACILITY USE ONLY

<input type="checkbox"/> Criminal History Completed	Date _____	By _____
<input type="checkbox"/> Eligible for hire	<input type="checkbox"/> Ineligible for hire	
Findings: _____		
<input type="checkbox"/> Nurse Aide Registry Checked	Date _____	By _____
Findings: _____		
<input type="checkbox"/> Misconduct Registry Checked	Date _____	By _____
Volunteer Program #1	Revised July 7, 2011	

**VOLUNTEER
STATEMENT OF CONFIDENTIALITY**

I understand and agree that in performance of my duties as a volunteer of this facility, I will hold medical information regarding any past, present, or future resident, and proprietary & strategic company information in the strictest confidence. I further understand all information concerning written procedures, plans, computer hardware, programs and software, drawings and manuals including this and all other policy manuals, are the confidential property of this facility and must not be disclosed to individuals or entities outside the company either during or after my volunteer service has ended. Proprietary information includes, but is not limited to company policies, procedures, staffing, payroll information, vendor information, and any information not deemed in the public domain.

I further understand that voluntary or involuntary willful or unwillful violation of this confidentiality will result in my volunteer services being terminated, and may result in legal action to include possible defamation lawsuit, privacy or human rights complaints, copyright, patent or trademark infringement claims, criminal charges with respect to obscene or hate materials, damage to the company's reputation and business interests. The legal responsibility for damages from an inappropriate disclosure could potentially rest with the individual volunteer.

Employee's signature below acknowledges notification of the above notices.

Volunteer's Name Printed

Date

Volunteer's Signature

VOLUNTEER APPLICATION

Name: _____ Address: _____

Phone#: _____ Date of Birth: _____ Sex: Male Female

Nearest Relative: _____ Address: _____

Phone#: _____ Relationship: _____

1. Have you ever performed volunteer service in a nursing home or assisted Living?
 Yes Where: _____
 No

2. Do you enjoy working with Senior Citizens? Yes No

3. Do you have a relative in this facility? Yes Who: _____
 No

4. How many hours would you like to volunteer for this facility? _____ /day or week (circle one)

5. On what days are you available?
 Monday Tuesday Wednesday Thursday Friday

6. What times do you prefer? Moring Evening Afternoon Weekends

7. Do you have any special talents you would like to share with the residents?

8. What types of services would you be willing to provide?

9. How did you find out about us? _____

If selected to participate in the volunteer program of this facility, I agree to follow all rules and regulations established by this facility.

Signature: _____ Date: _____

VOLUNTEER INSERVICE

1. Safety - watch for wet floors, etc.
Fire Safety - follow directions of Activity Director or person in charge.
2. Report any accidents / falls – Volunteers
3. Report any resident accidents / falls including behavioral issues – Residents
4. Respect the resident rights at all times - Review Resident Rights with Volunteer
5. Knock on door before entering a resident's room or staff office.
6. Check with Activities, Dietary and/or Nursing before offering any resident any type of food or drink.
7. Wear your name tag provided by the facility while performing duties as a volunteer.
8. Please ask questions and voice concerns at any time to the Activity Director and/or Administrator.

I have been inserviced on the above topics and understand the policies/procedures as they relate to my duties as a volunteer of this facility.

Volunteer Signature

Date

Facility Personnel Performing the Inservice

Date