



Armed Forces Retirement Home - Volunteer Services
Community Volunteer Application

(Please Print)

Application Date: _____

First Name: _____ **Last Name:** _____ **MI:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Age:** _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

E-mail Address: _____ @ _____ . _____

Current Occupation: _____

If Military Volunteer:

Base Stationed: _____

Command: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Commanding Officers Rank & Name: _____

Interests, Skills, and Training you would like to share: _____

Volunteer Experiences: _____

Are you CPR Certified: YES NO Date of Card Issue: _____

Days & Times preferred to Volunteer: 7am-4pm and evenings for special events. Check all that apply.

Mon: _____	Morning	Afternoon	Evenings	Anytime
Tues: _____	Morning	Afternoon	Evenings	Anytime
Wed: _____	Morning	Afternoon	Evenings	Anytime
Thurs: _____	Morning	Afternoon	Evenings	Anytime
Fri: _____	Morning	Afternoon	Evenings	Anytime
Sat: _____	Morning	Afternoon	Evenings	Anytime

Events / Holidays:

_____ New Year's	_____ Independence Day
_____ Valentines	_____ Thanksgiving
_____ Open House	_____ Christmas
_____ Memorial Day	_____ Mardi Gras - Gulfport
_____ Veteran's Day	_____ Senior Prom - Gulfport

Specific Volunteer Interests: (check all that apply)

___ Event Escort (on Campus)	___ Pet Therapy
___ Trip Escort (off Campus)	___ Event Musician
___ Long Term Care	___ Bingo
___ Admin Work	___ Socials/Dances
___ Recreation Therapy (Games/Exercise)	___ Food Service/Decorations
___ Gardening - Washington D.C.	

How did you hear about our Volunteer Program?

OR

Referral:

Name: _____

E-Mail: _____ @ _____ . _____

Phone: (_____) _____ - _____

All information is confidential. Your personal information or email address will NOT be released to any third party or marketing companies. Thank you for your interest in the AFRH Volunteer Program.

FOR VOLUNTEER COORDINATOR USE ONLY

Background Check Submitted: _____

Background Check Returned: _____

E-mailed Volunteer for PPD test appointment: _____

Response Date: _____

Date of PPD as confirmed with the Wellness Center: _____

Date of Reading: _____

Date of Volunteer Orientation: _____

Date Volunteer Badge was issued: _____

PPD must be renewed in: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PRIVACY ACT INFORMATION

In compliance with the Privacy Act of 1972, the following information is provided:

Basic authority for collecting the requested information is contained in provisions of Title 24 USC, as amended.

This form will be furnished to individuals and organizations for the purpose of information from them about you and your activities in connection with an official Armed Forces Retirement Home (AFRH) background security check concerning clearance for volunteer services with the Armed Forces Retirement Home (AFRH) and in the conduct of authorized investigative activities therein. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in the Armed Forces Retirement Home (AFRH) being unable to process your application

AUTHORIZATION

By this release,

I authorize any official representative of the Armed Forces Retirement Home (AFRH), Security Division to request and obtain from any school, residential management agent, physician, hospital, employer, law enforcement agency, institution, individual or any other entity, information relating to my personal history, medical and health information, and results of any disciplinary action, arrests and convictions

I authorize you to provide the requested information to the Armed Forces Retirement Home (AFRH), Security Division presenting this release. I have been advised that any information requested and provided will be used only for official purposes by the Armed Forces Retirement Home (AFRH), Security Division and may be disclosed to third parties as necessary in accordance with applicable laws and regulations in fulfillment of official responsibilities

I release any individual or organization from any and all liability for actual or alleged damages to me as a result of good faith compliance with this authorization.

Should you have questions as to the validity or scope of this release, you may contact me as indicated below.

Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Place of Birth
Current Address		
Other Names Used		
Signature	Date	



HARRISON COUNTY SHERIFF'S OFFICE

Melvin T. Brisolara, *Sheriff*

Phone 228-896-0627 Fax 228-896-0625

Date _____

CRIMINAL BACKGROUND CHECK

I request a criminal background check from the Harrison County Sheriff's Office. I understand this criminal background check consists only of records of incarceration in the Harrison County Jail. I release the Harrison County Sheriff's Office from any liability regarding my criminal history.

SIGNATURE _____

PRINT NAME _____

SSN _____ Date of Birth _____



ARMED FORCES RETIREMENT HOME

Public Affairs Office
1800 Beach Drive
Gulfport, MS 39507

Media Release Form

Photo, Media, and Copyright Release

I grant the Armed Forces Retirement Home (AFRH), its representatives and employees the right to take photographs, and/or video of me and my property during activities at the AFRH campus. These photographs/videos/audios will remain the property of the AFRH and may be used in advertising or marketing campaigns on AFRH's websites, social media, and for promotional and informational material including, but not limited to: flyers, brochures, newsletters, emails, advertisements, newspaper articles, and TV or cable interviews/promotions.

I understand that I will not be identified by name unless I give my express permission. I hereby waive and release any rights to compensation for, or ownership of, such images.

I have read and agree to the terms and conditions of this Photo, Media, and Copyright release.

Participant <i>(please print clearly)</i>	
Signature	Date
Parent/Legal Guardian <i>(please print clearly and sign)</i>	
Organizational Name	
Address	



AFRHG Recreation Therapy Volunteer

The Armed Forces Retirement Home – Gulfport (AFRH-G), Recreation Therapy Volunteer assists residents with Recreation Therapy activities and escorts them to activities or socials at the home.

Major Responsibilities

- Work closely with Recreation Therapy staff for guidance and procedures.
- Escort residents to and from programs, staying with residents during programs.
- Assist residents with program participation to include arts and crafts, cooking classes, special events, trips, games, social events, bingo, and chapel services, etc.
- Assist with program set-up and clean-up
- Have good balance and mobility, push wheel chair easily
- Inform staff of any resident safety or healthcare needs
- Pet Therapy- if part of program- must keep pet records up to date.
- Must check with Nursing Staff or Recreational Therapist/Therapy Assistant before giving Health Care Residents any food or drinks.
- Inform nursing staff when leaving with a Health Care Resident or returning a Health Care Resident to the floor.
- Must sign Health Care Residents in and out in the white binder at the bookcase area near the door.

Qualifications

- Possess a professional appearance
- Ability to work well independently and with others
- Strong verbal communications, interpersonal and customer-service skills
- Must be caring and gentle and have patients and grace.

Training

- All AFRH Volunteers are required to complete a Volunteer Application and Orientation.
- Complete On-the-job Training with Staff Point of Contact as required.
- Attend general staff training specific to therapeutic populations when available.

Safety Concerns for Volunteers

- Each Volunteer has a personal responsibility to prevent accidents that could cause injury or illness. You will be expected to observe safe practices, rules and instructions relating to the efficient handling of your volunteer work.
 - Incorporate risk management at all times
 - Always be mindful of your surroundings and the environment
 - Have a safety spotter if needed
 - Dress appropriately for the event/activity; indoor or outdoor
 - Stay hydrated
 - Extended safety training will be given by your Staff Point of Contact during On-the-job training for specific hazard identification associated with your specific duties.

- All safety concerns should be reported immediately to Staff Point of Contact, Volunteer Services, or Security.
- Closed toe shoes recommended in health care areas, especially when pushing wheelchairs.

Benefits

- Enrollment to the Stipend Program as requested for Residents of AFRH-G only.
- Sense of accomplishment and Self-worth.
- Enrollment in the Presidential Volunteer Award Program.
- Opportunity to have positive impact on the safety and quality of life of AFRH residents and staff.

Professionalism

- Volunteers are expected to perform their duties in a professional manner at all times.
- Volunteers are expected to be on time for all scheduled commitments.
- If the scheduled commitment cannot be met, volunteers must contact their Staff Point of Contact immediately.
- Volunteers are expected to maintain confidentiality and privacy of staff and residents.

Chain of Concern

Staff Point of Contact -	Recreation Therapist	228-897-4424
	Therapy Assistant	228-897-4432
	Recreation Supervisor	228-897-4433
Volunteer Services –	Volunteer Coordinator	228-897-4417

Confidentiality

All resident volunteers will abide by the current AFRH Resident Guide and Resident Volunteer Policies.

Volunteer Signature

Date



**ARMED FORCES RETIREMENT HOME
1800 BEACH DRIVE
GULFPORT, MS 39507**

STATEMENT OF CONFIDENTIALITY & ACKNOWLEDGEMENT OF MONITORING

PATIENT INFORMATION

All information, written, verbal, or electronic, with respect to the patient's chart or learned through conference with physicians, patients, family members and other authorized representatives of the patient is to be handled in a highly confidential manner and is not to be discussed with anyone except on a need to know basis and in accordance with policies.

ELECTRONIC INFORMATION

Electronic information includes all computer-generated or stored data, voice mail, facsimile, electronic mail services, internet and telecommunications.

TAPE RECORDING

Tape recording of voice mail or other message systems, telephone or in-person communication, meetings, and the like is not allowed without proper authorization.

I understand that all electronic communication and telecommunication systems and all information transmitted by, received from or stored in these systems are the property of Armed Forces Retirement Home Gulfport.

STORED INFORMATION AND MONITORING

I agree not to use a code, access a file, or review, retrieve and/or record any stored communication or information unless authorized. I acknowledge and consent to Armed Forces Retirement Home Gulfport monitoring my use of this equipment at any time at its discretion. Such monitoring may include printing and reading email entering, leaving or stored in these systems. The AFRH may routinely monitor activities, usage and patterns of these electronic media communications without notice. Although volunteers may have passwords that restrict access to their voice mail, email, and computers, the AFRH Gulfport may access any files, voice mail, or email message stored or deleted from all information systems.

I understand that any violation of the confidentiality of patient, medical or business information or misuse of electronic communication equipment or systems may result in termination or other disciplinary action.

Date

Signature of Volunteer

Department

Printed Name of Volunteer

Armed Forces Retirement Home
1800 Beach Drive
Gulfport, MS 39507

MEMORANDUM FOR AFRH-G VOLUNTEERS

Subject: Tuberculin Skin Test

1). To be a Volunteer for the Armed Forces Retirement Home you must clear a Tuberculin Skin Test given by our Wellness Clinic at no cost to you. This is an annual requirement for as long as you wish to volunteer for our Veterans. Please make an appointment with our Volunteer Coordinator during the following times to complete your skin test. This skin test must come back with a negative result before you can be issued a volunteer badge.

Test done on **Read on**

Monday Wednesday

Tuesday Thursday

Wednesday Friday

The test may be done on Friday but must be read on Monday.

Clinic hours for Volunteer to receive the test are Monday –Friday 1300 – 1500 (1pm to 3pm).



ARMED FORCES RETIREMENT HOME - GULFPORT VOLUNTEER SERVICES

GUIDELINES AND VOLUNTEER AGREEMENT

Welcome to the Armed Forces Retirement Home Volunteer Family!

Thank you for the gift of volunteering your time and skills as an Armed Forces Retirement Home (AFRH) Official Volunteer. AFRH Volunteers are held to a very high standard of values, personal integrity, honesty, old fashioned courtesy, and high work ethics. **Please read the following *Common Sense Policies* carefully. Your signature indicates you fully understand and agree to these guidelines.** Violation of any of these policies may result in administrative action, up to and including your dismissal from Volunteer Services at the Armed Forces Retirement Home.

BASIC GUIDELINES FOR COMMUNITY VOLUNTEERS:

- AFRH does not accept federal, state or military court ordered community service volunteering.
- Adult Community Volunteers must be 18 years or older to volunteer at AFRH.
- Student Community Volunteers ages 16-18, must have signed permission from their parents or guardian to volunteer at the AFRH. Students must also be interviewed by our Chief of Recreation Services.
- Volunteers under the age of 16 will be considered for special projects on a case by case basis as approved by the Chief of Recreation Services, and must be accompanied by a parent, relative or guardian when on campus.
- PPD or what is commonly referred to as the TB skin test, is an annual requirement to volunteer at the Armed Forces Retirement Home. You may bring a copy from your physicians office or have it done free of charge in the AFRH Wellness center. Please remember it must be read within 3 days or it will have to be repeated.
- At AFRH we want your volunteer experience to be positive and beneficial for both the volunteer as well as the residents, so we do not require a set amount of time or frequency that you must volunteer. We work with your time schedule and preferences to find the best placement for all concerned. We recognize the Volunteer's right to discontinue volunteering at any time for any reason. AFRH also reserves the right to end your volunteer service if it is deemed to be in the best interest of the AFRH.
- If you have not started to volunteer within six months after your orientation, you will be placed in inactive status until you notify the volunteer coordinator you are ready to volunteer. At that time you may be asked to start the volunteer process all over again, to include a new volunteer application. This will be considered on a case by case basis.

OFFICIAL VOLUNTEER DUTY HOURS:

As an official Volunteer at the AFRH, you will be asked to abide by campus security measures. Volunteers should be on campus **ONLY** during your scheduled volunteer hours. If you are not scheduled to be volunteering at the AFRH, you will not be permitted on the AFRH campus. If a Resident asks you to visit him or her after your normal volunteering hours, you must inform your

Point of Contact (POC) or Supervisor and be checked in with security as the resident's guest. You must remove your volunteer badge and wear a guest badge provided by the security desk.

DRESS CODE:

As a Volunteer at the AFRH, you represent a positive image of the community at large to the Residents and Staff. Volunteers will dress appropriately for their volunteer position. Short shorts, short dresses, see-thru clothing, inappropriate sayings on T-shirts, clothing too tight for flexible movement, and shower shoes are not acceptable volunteer apparel. Closed toe shoes are recommended for medical areas or outings where you may be assisting a resident with wheelchair transport.

PROFESSIONAL CONDUCT AND LANGUAGE:

Community Volunteers are expected to follow rules of conduct that will protect the interest and safety of all Residents, Staff, and Volunteers alike. Volunteering while under what appears to be the influence of alcohol, prescription or illegal drugs will be reason for immediate and continued dismissal. Unauthorized possession, distribution, sale, transfer, or use of alcohol, prescription or illegal drugs on or off the AFRH campus, and/or disrespectful conduct to a Resident or Staff member will also be reason for immediate and continued dismissal. As a professional Volunteer, please use appropriate language at all times. There is never an occasion for the use of profanity.

BACKGROUND CHECKS:

Depending on the volunteer assignment you may need to go through a background check. Details regarding needed background checks will be communicated to individual volunteers as required.

HEALTH SCREENINGS:

As a long term Community Volunteer, you will be asked to have a free Tuberculosis screening completed. This test is an annual requirement and can be administered by your doctor (you will need to bring us a copy of the results to keep in your Volunteer Record), or by our Wellness Center. If the test is performed in our Wellness Center it is at no cost to you. After the initial test you will be required to have a PPD done annually in your birth month.

FINANCIAL AND FAMILY MATTERS:

Resident's Family Members: AFRH Community Volunteers are not to call Resident family members and under no circumstances should Community Volunteers become involved in the personal and/or financial matters of AFRH Residents. Community Volunteers **ARE NOT** permitted to allow the residents to appoint them as legal guardians or seek to secure Power of Attorney for any reason. Volunteers are **NEVER** to discuss their personal affairs or concerns with the residents. Our residents are very caring and often take on the worries and concerns of the volunteers they become close to. This can lead to residents being taken advantage of. Even the perception of a resident being taken advantage of must be dealt with. Breach of ethical conduct by anyone will lead to immediate suspension and possible federal prosecution.

ACCEPTING MONEY OR GIFTS FROM THE RESIDENTS:

Due to the kind hearts of our residents, many will want to reward you for volunteering. You are not allowed to take money, tips, or gifts from the residents as a "thank you", for your services as

a volunteer. If you find yourself in receipt of a gift from a resident, please notify your Staff Point of Contact immediately and/or Volunteer Services. Also, please do not give money or expensive gifts to the residents. Sending cards and notes are a wonderful gesture.

VOLUNTEER OPPORTUNITIES:

Volunteer Services seeks to find the best fit for our Volunteers. If you find you would like to try a different volunteer opportunity please advise our Volunteer Coordinator so we can work together for a beneficial reassignment.

VOLUNTEER RECOGNITION:

All Community Volunteer hours are counted towards the Presidential Volunteer Service Award as well as AFRH awards. A formal recognition ceremony is held once a year and informal appreciation parties may be held throughout the year.

RECORDS MANAGEMENT:

Volunteer Services maintains records on each Volunteer throughout their service at the AFRH. Records include dates and hours of volunteer service and awards or special recognition received. Volunteer records are confidential. Tuberculosis screenings are maintained by the Wellness Center and background check forms are maintained by the Chief of Security.

ATTENDANCE AND TIME:

Volunteer attendance is important to the operation of each AFRH department. Volunteers must notify by phone or e-mail their Staff Point of Contact and/or Volunteer Services as soon as possible if they are unable to volunteer on their scheduled day or time. Volunteers are responsible for recording their hours and updating recall information (phone numbers, addresses, etc.). ALL VOLUNTEERS MUST LOG THEIR TIME ON THEIR TIME CARD OR THE VOLUNTEER SIGN-IN SHEET FOR ONE TIME VOLUNTEERS. It is vital that you log your hours each time you volunteer. It is a Volunteer requirement. Legitimate recorded time is needed to justify awards and recognition, and is reported to Congress.

PETS AT AFRH:

Pet Therapy is an important volunteer activity at the AFRH. All potential pet volunteers must meet with the Volunteer Coordinator and Recreation Therapist to make arrangements and discuss volunteering in the Pet Therapy program.

HIPAA:

HIPAA is the Health Insurance Portability and Accountability Act of 1996. It restricts the use and release of medical information. It also holds covered entities accountable for privacy violations with serious penalties for non-compliance. Community volunteers often hear the Residents tell of all their medical conditions but are not permitted to discuss what they have heard with others. In other words please do not gossip.

SAFETY AND SECURITY

Staff and Volunteers work hard to keep the AFRH a safe home for our residents. Please report all safety concerns and/or incidents immediately to your Staff Point of Contact and/or Volunteer

Services. To avoid problems with missing personal items, Volunteers are requested to keep all their personal items, including purses, cell phones, jewelry, coats etc. in their possession at all times.

CONFIDENTIALITY, MONITORING, PHOTOS, & SOCIAL MEDIA:

All information, written, verbal, or electronic, with respect to a Resident or Staff member's personal information that is learned through conversations, phone calls, or any other means of communications, concerning residents, staff and family members, is to be handled in a highly confidential manner and is not to be discussed with anyone except on a need to know basis and in accordance with AFRH, Gulfport written policy.

Tape recording of voice mail or other message systems, telephone or in-person communication, meetings, and the like is not allowed without proper authorization.

Some residents have signed statements asking AFRH Gulfport to respect their privacy and not take their photos or post photos on Social Media Websites. Volunteers are required to ask the resident(s) prior to taking a photo of the resident(s). Please refrain from taking photos of the residents who live in assisted living, long term care, and memory care.

REPORTING CONCERNS AT THE AFRH:

The AFRH continually strives to make our facility a safe and clean environment, and is dedicated to improving services for all of our residents. During your official volunteer duty if you should notice a situation that causes you concern, please verbally notify your Staff Point of Contact, Security, and/or Volunteer Services.

STATEMENT OF AGREEMENT:

I understand the violation of this agreement and/or all other AFRH agreements may result in administrative action, up to and including my official dismissal from Volunteer Services at the Armed Forces Retirement Home.

My signature indicates that I have read the above information and agree to follow *Common Sense Policies* for volunteering at the AFRH.

Volunteer Signature

Volunteer Name (Print)

Date:

Volunteer Coordinator's Signature/Date