



VOLUNTEER APPLICATION

Date of Application _____ Date of Interview _____

Name: _____ Date of Birth _____

Address

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

E-mail: _____

How would you like to be contacted: Home phone ____ Work phone ____
Cell ____

How did you hear about our Volunteer Program? _____

Availability/How much time would you be willing to volunteer?

Which volunteer opportunity would be of interest to you?

_____ **Friendly Visitor**

May include: _____ Social Visiting
_____ Telephone Reassurance

_____ **Home Assistance/Errands**

May include: _____ Light Errands
_____ Shopping

_____ **Transportation Volunteer**

May involve taking an member to a medical appointment or providing transportation for other needs.

_____ **Program Volunteer**

May include administrative support for Neighborhood Connections or any local agency.

_____ **As Needed Volunteer**

May involve assisting a member or a community organization on a limited basis for a variety of needs. May include reader, server, knitter, simple home repairs, etc.

Signature of Applicant

Date

Neighborhood Connections- VOLUNTEER APPLICATION

References:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Match-Up Questions:

Do you have a preference on visiting a female or male? _____

Would you be willing to be matched to a member with a disability? _____

Would you be interested in visiting someone in their: _____ Home
_____ Assisted Living

Would you be willing to visit someone with a pet (cat, dog, etc.)? _____

Do you have any medical conditions or allergies that would limit your volunteer activities? _____ If yes, please describe _____

Why are you interested in volunteering for the Neighborhood Connections Program?

Please tell us about yourself for matching purposes:

What are your interests and hobbies? (activities, movies, music, books, crafts, etc)

Prior Volunteer Experience:

What languages do you speak? _____

Please tell us anything else about yourself which you would like us to know:

Optional: As Neighborhood Connections is supported by various grant proposals, we are asked to describe the make-up of our volunteers. All information is confidential and used for statistical purposes.

Religious Affiliation: Affiliation _____

Race: _____ African American
_____ Asian
_____ Caucasian
_____ Other

SIGNATURE

DATE

Neighborhood Connections- CommunityReferral

Date: _____

Referral Source: _____ -

Relationship: _____

Elder: _____

Elder's Address: _____

Elder's Phone Numbers: _____

Elder's Approximate Age: _____

Is Elder Aware of Referral? _____

What is the Need? _____

Best way to contact elder: _____

Can we mention reporter's name when contact elder? _____

Additional Information: _____

Follow-up: _____

Neighborhood Connections- ELDER INTAKE FORM

Elder's Name _____ Date of Birth _____

Elder's Address _____

Elder's Phone # _____ Date of Intake _____

Emergency Contact Person _____

Relationship _____ Phone # _____

Health Care Proxy _____ Comfort of Care _____ File of Life _____

Medical Conditions _____

Dietary Restrictions/ Allergies _____

Special Needs (Mobility, Transfer, Adaptive Devices, Hearing, Language Needs)

Are you currently receiving or waiting to receive any community services?

_____ No

_____ Yes

(Name of services) _____

Which volunteer service would you need:

Friendly Visitor

Home Assistance/ Errands

Transportation Needs

Program Volunteer

As Needed Volunteer

Specific Needs _____

Do you prefer: Male Volunteer Female Volunteer

Do you have pets? Yes What kind? _____
 No

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Can we contact the referral source as a follow-up? Yes No

Assignment:

Comments/ Follow Up Plan:

Signature of Provider: _____

Date: _____

Neighborhood Connections - Volunteer Monthly Notes

Name of Volunteer: _____

Date of Visit: _____ Total Time of Visit: _____

Member's Name: _____

Service Provided: _____ Friendly Visitor
_____ Home Assistance/Errands
_____ Transportation Volunteer
_____ Program Volunteer
_____ As Needed Volunteer
_____ Other (Describe) _____

Comments: _____

Any Concerns Noted (physical status, medical complaints, mental health concerns, etc.):

Any Follow-up Anticipated: _____ Friendly Visitor
_____ Home Assistance/Errands
_____ Transportation Volunteer
_____ As Needed Volunteer
_____ Other (Describe)

Signature: _____

Date: _____

Neighborhood Connections **Volunteer Job Description**

DESCRIPTION OF PROGRAM

A sensitive and compassionate volunteer will be matched with a Neighborhood Connections member in the community to assist the member with various needs. The volunteer will meet with the Neighborhood Connections Program Coordinator to discuss the needs of the member and responsibilities of the volunteer. A meeting between the Neighborhood Connections Program Coordinator, volunteer and member will be arranged to finalize the agreement. Ongoing meetings will be held between all parties involved.

QUALIFICATION OF VOLUNTEER

- Compassionate and Empathy for others
- Self motivator
- Responsible and Reliable
- Have own transportation
- Ability to be objective and non-judgmental of others
- Pass of CORI Check

RESPONSIBILITIES OF VOLUNTEER

- Attend on-going group and/or individual supervision
- Punctuality for assignments
- Notification to member if unable to keep scheduled appointment
- Contact Neighborhood Connections Program Coordinator

VOLUNTEER PROGRAMS

- Friendly Visitor: May include visiting with the member on a regular basis for socialization. May include helping to prepare a light meal, assist with an errand or shopping, telephone reassurance.
- Transportation Volunteer: May involve taking the member to a medical appointment or providing transportation for other needs.
- Program Volunteer: May include administrative, program assistance to the Neighborhood Connections program.
- As Needed Volunteer: May involve assisting the member on a limited basis including transportation, organization of home or other activities to help maintain the member in the community

Neighborhood Connections
VOLUNTEER JOB DESCRIPTION AND CONTRACT

TITLE: Friendly Visitor

PURPOSE OF POSITION: Develop an on-going, one-to-one relationship to lessen the isolation experienced by people who are home-bound. Provide a sense of community, security and belonging.

RESPONSIBILITIES MAY INCLUDE:

- Confirm appointments prior to visit and call to reschedule if you can not make it.
- Plan activities together in advance, if possible
- Be a friend: talk, share stories, share photos and music, listen well.
- Help with letter writing or similar tasks.
- Read out loud.
- Holiday and birthday celebrations.
- Do light household chores like straightening up or washing dishes.
- If the client is able, take a short walk or outing.
- Run an errand on the recipient's behalf
- If you are eligible and willing, provide transportation to the recipient in your vehicle, following policies on driving. Transporting the recipient may be for shopping or an errand, attending an activity or event, accompanying to an appointment, etc. with approval of Neighborhood Connections Volunteer Coordinator.
- Complete Neighborhood Connections Volunteer Orientation and attend regular meetings with Volunteer Coordinator.
- Inform Volunteer Coordinator of any problems or concerns that occur before, during or after the visit. Also let us know positive experiences.

COMMITMENTS: Friendships take time, therefore we ask for a minimum of six months commitment. Visit once weekly for 30 minutes to two hours; more frequent visits, if possible, are appreciated.

QUALIFICATIONS:

1. Sensitivity to aging and aging issues. A genuine desire to give to another- regardless of surroundings, income, religion, or race.
2. Positive, friendly attitude and good listening skills.
3. Dependability
4. The ability to act independently and yet to be able to ask for assistance/ support when needed.

I AGREE TO THE RESPONSIBILITIES LISTED ABOVE:

VOLUNTEER SIGNATURE

The agency agrees to provide specified training and support:

NEIGHBORHOOD CONNECTIONS STAFF

DATE

Neighborhood Connections-
VOLUNTEER JOB DESCRIPTION AND CONTRACT

TITLE: Transportation Volunteer

PURPOSE OF POSITION: To promote medical access by providing emotional and/or physical support to members who are in need when going to a medical appointment.

RESPONSIBILITIES:

1. Provide supportive door-to-door escorts for frail and/or confused persons going to medical appointments.
2. Call the recipient a few days before the appointment to introduce yourself and confirm arrangements.
3. If you are eligible and willing, to drive the recipient in your vehicle, following policies on driving. Alternatively to accompany the recipient by cab, van or other arranged transportation.
4. Complete Neighborhood Connections Volunteer Orientation.
5. Inform supervisor of any problems or concerns that occur before, during or after the escort. Also let us know positive experiences.

COMMITMENTS:

1. We ask that if you commit to doing an escort that you follow through, barring any unusual circumstances. This is a flexible volunteer opportunity but most appointments are Monday through Friday between 8:30am and 4:30pm. Please never feel guilty when you are unavailable.

QUALIFICATIONS:

5. Sensitivity to aging and aging issues. A genuine desire to give to another- **regardless of surroundings, income, religion, or race.**
6. Dependability
7. The ability to act independently and yet to be able to ask for assistance/ support when needed.

I AGREE TO THE RESPONSIBILITIES LISTED ABOVE:

VOLUNTEER SIGNATURE

The agency agrees to provide specified training and support:

NEIGHBORHOOD CONNECTIONS STAFF

Neighborhood Connections Volunteer Orientation/Training

WORKING WITH THE AGED AND DISABLED

From birth to death the aging process involves changes in the total person. The physical, psychological and social changes all interact and influence one another. While these changes are characteristic of most older people, they may not be true for specific individuals.

PHYSICAL CHANGES

There are no conclusive explanations, but there are several theories about the aging process. Aging proceeds at different rates in various parts of the body in the same person. In other words, someone might have a healthy heart but a weak digestive system, or good eyesight and hearing but poor balance. In general, the body of an older person does not function as well as it did, but barring disease and very stressful situations, it usually continues to function adequately into old age.

SENSORY CHANGES

Hearing. Hearing gradually diminishes, particularly the ability to hear high pitched sounds (presbycusis). Consonants become more difficult to hear. A person with presbycusis hears speech, but has difficulty discriminating between words. For example, “fifty” and “fifteen” cents may sound the same; “dead” may sound like “red”, “tooth” like “juice”.

Taste and Smell. Taste sensitivity decreases with age. The taste receptors that identify sweet and salty stop functioning first. These changes can affect appetite, which results in poor nutritional intake and weight loss. Two-thirds of taste sensations depend on the ability to smell. Decline in the sensory system can further depress an older person’s appetite. In addition, an individual may not be able to detect warning odors—smoke, gas, and spoiled food—or body or household odors that may be offensive to others.

Sensitivity to Heat and Cold. Subcutaneous fat (fat beneath the skin), an important insulator, decreases with age. As fat is lost, body heat escapes. As a result, older people often feel cold when others are comfortable. In winter some older people may be victims of hypothermia, a drop in internal body temperature, that can be fatal if not treated properly.

Because of changes in the capacity to perspire, older people are more susceptible to a build-up of body heat that can cause heat stroke or heat exhaustion. Heat exhaustion can occur in an overheated room.

DIGESTION

Digestion slows down and becomes less efficient, reducing production of secretions that aid digestion. Problems with gas and constipation may be due to increased activity of the stomach and decreased movement of the intestines. The digestive system is also very sensitive to emotional states; a person who is depressed or anxious may experience digestive disturbances.

ELIMINATION

Changes in the urinary system can result in more frequent urination; bladder capacity may be reduced by half. Urinary incontinence, the involuntary passing of urine, is a problem for some older people. Even partial urinary incontinence can cause depression, insecurity and withdrawal from social activities.

Constipation is common. Diet, lack of exercise, and the excessive use of laxatives can contribute to constipation.

PSYCHOLOGICAL AND SOCIAL CHANGES

Older people often have to adjust to several losses at once. Support systems are fewer than in earlier life and lost income, roles, capacities, relationships and activities are often not replaceable.

Altered appearance, declining health and loss of social roles demand many adjustments. Many older people fear dependency—whether physical, financial, emotional, mental or social. Throughout their lives great value has been put on independence and “doing for oneself,” so it is difficult for many to seek or accept assistance.

COGNITIVE CHANGES

Intelligence and learning ability do not decline with age; limitations are more related to health than to age. An individual’s abilities, therefore, should not be underestimated simply because of age.

Older people do require more time to learn, to shift thinking from one topic to another, and to complete a task. Several factors affect performance: relevance of the task, motivation, health and sensory capacities. Reaction time and speed are likely to decline.

Most older persons do not have serious memory impairment, but memory does seem to alter with age. Memory of the past is usually better than of current information. For those older persons who do suffer memory loss, training can help minimize it.

DEATH AND DYING

Many older people need to work through grief, discuss their own death, and express their fears. Often what is perceived as a fear of dying is actually a fear of loneliness or loss of control and independence. No single attitude toward death is characteristic of the aged. Life experience, education, ethnic and socioeconomic backgrounds influence attitudes.

MENTAL HEALTH

Most older people are mentally healthy, but certain groups are at high risk for mental health problems. These include the recently bereaved, the isolated, and the physically and mentally impaired older adults.

Mental health is affected by physical conditions: poor nutrition, an overdose or interaction of medications, sensory deficiencies, and multiple social losses. Volunteers should be alert to signs of depression, hypochondriasis and paranoia. At no time should these signs be interpreted as “normal” for older people.

Depression. Depression is commonly triggered by loss and is a common mental health problem. Symptoms vary but the most common are: insomnia, loss of appetite and weight, decreased sex drive, constipation, lack of motivation, lack of concentration, loss of memory, feeling of hopelessness and general dissatisfaction. It has been found that ten to twenty percent of older people who appear “senile” are actually depressed. The opportunity to talk with someone who is interested and willing to listen is often the most helpful therapy.

Severe depression can be accompanied by suicidal impulses which may range from a passive wish to die to an active suicide plan. A suicide threat by older people should be taken seriously.

Paranoia. Paranoia is indicated when an individual attributes to others imaginary motivation and behavior. Paranoia is most common in those who have hearing and/or vision loss. These sensory changes also cause the environment to be misperceived. Paranoia is often treatable, and understanding the causes is essential. Treatment includes correcting sensory defects and providing a stable familiar environment.

Hypochondriasis. Hypochondria is manifested by an excessive preoccupation with bodily functions and health is often associated with depression. Telling the hypochondriac that nothing is wrong is usually futile; providing alternative interests is more effective.

PHYSIOLOGICAL FACTORS

Older persons are likely to experience a great many physical changes or situations occurring as a result of these changes, that can greatly affect eating habits. Factors include poorly fitting dentures or other dental problems, decreased sensitivity to taste and smell, swallowing difficulties, decreased energy to shop for and prepare foods, inability to see to shop and cook, and decreased appetite due to medication.

NUTRITIONAL NEEDS

Older people have slightly different nutritional needs and are likely to have certain nutritional deficiencies. Food intake is likely to have an even greater impact on health.

Older people need protein, vitamins, and minerals found in a well-balanced diet. Including foods from the major food groups; fruits; vegetables, cereals, breads and grains; meats, poultry, eggs and fish; milk, cheese and yogurt; and legumes (dry peas and beans).

Older people need fewer calories than young adults. Persons whose intake includes many high calorie sweets, snack foods and drinks and who get little or no exercise are apt to become obese. This presents a serious health problem when complicated by diabetes, hypertension and cardiovascular disease. In addition, nutrition surveys indicate that older people are likely to be deficient in protein, thiamin, riboflavin, Vitamins C, D and A, calcium and iron.

TEN TIPS FOR GOOD LISTENING

Nature gave human beings two ears but only one tongue as a hint that people should listen twice as much as they talk. Keith Davis in Human Behavior at Work has developed the ten tips below:

1. Stop talking!
2. Put the talker at ease.
3. Show him/her that you want to listen.
4. Remove distractions from your behavior.
5. Empathize.
6. Be patient.
7. Hold your temper.
8. Try not to argue or criticize. Don't evaluate, just listen.
9. Ask questions.
10. Stop talking! (This is first and last!)

Neighborhood Connections Volunteer Policies

Liability: Volunteers have limited liability under the federal *Volunteer Protection Act of 1997*. This means that as long as you are acting within the limits of your volunteer job description, are acting with the care that a reasonable person would use in similar circumstances, and are not acting with gross negligence or criminal intent, your liability is limited.

You should not attempt to provide medical care for which you have not been trained; however, it would be reasonable to expect, that an untrained person would call 911 and stay with the victim until the EMT's arrive.

You are not permitted to do the following:

- Picking up a client who has fallen –**Call 911 immediately.**
- Transferring people to get them in or out of your car (you may provide an arm as an escort); we expect passengers for whom we arrange a ride to be able to get themselves in and out of a vehicle.
- Accepting payment jeopardizes your standing as a volunteer and thus your protection as described above. If someone insists on paying something, you may suggest that s/he can make a donation to the organization.

Driving : Volunteers are permitted to transport clients in the volunteer's own car, as long they have a valid driver's license, proper insurance, and permission from the Volunteer Coordinator.

- The volunteer will show his/her driver's license to staff, who will make a copy and keep the information in the volunteer's file.
- Volunteers whose duties include driving will have usual and customary automobile insurance coverage and will keep this insurance in force and notify Neighborhood Connections of any change in coverage or in insurance companies. The Neighborhood Connections Coordinator will copy the insurance policy and keep it in the volunteer's file. The volunteer will provide Neighborhood Connections with photocopies of insurance renewal cards.
- The volunteer will contact their insurance agent to obtain a "Certificate of Insurance" which puts Jewish Family Service or on the coverage. Neighborhood Connections supervisor can assist if needed.
- In the event of a claim, the volunteers insurance will be primary.
- Neighborhood Connections reserves the right to decline the services of the volunteer as a volunteer driver.
- If the weather is such that you would rather not drive, call and cancel. Most likely, your passenger will not want to go out either. Inform the volunteer coordinator if you cancel for this or any other reason.

- Escort your passenger, if needed, and assist passengers with steps, entering and exiting the vehicle and into their destinations. By escort, we mean only that you accompany them and offer an arm to lean on.
- You may transport someone with a walker, wheelchair or other adaptive equipment provided you are capable and know how to handle such equipment safely, and the elder knows how to transfer him or her self into a vehicle.
- Maintain your vehicle in a safe condition.
- A cell phone is desirable.
- Follow defensive driving procedures, and make sure all passengers, including you, use safety restraints at all times, unless the passenger produces a note from a physician stating reasons why that person cannot use these restraints.
- Immediately report any accident to the police, call 911 if necessary and notify Neighborhood Connections supervisor, including if the client falls or has a medical emergency. A message can be left on the voice mail if the accident happens after business hours.
- Follow the usual procedures that your insurance company recommends and notify your own insurance company of the accident.
- Provide Neighborhood Connections with a copy of the accident report within ten days.
- Do not drive a client to the emergency room yourself; call 911.
- You may provide only reasonable unskilled assistance (e.g., offering an arm, pushing a wheelchair); lifting is skilled assistance. Providing skilled care that is not part of this project description may jeopardize your volunteer status from a legal standpoint.

If the Recipient/Passenger feels ill: If your passenger becomes ill or complains of symptoms, and you think that you can safely do so, drive the passenger to the nearest emergency room.

If you determine otherwise, call 911 immediately. Do not drive to Emergency Room. Notify Neighborhood Connections supervisor and fill out an Incident Report Form.

Sometimes people will say, “Don’t call the ambulance.” Keep in mind that you need to let trained and licensed medical professionals decide on someone’s medical needs.

Notify Neighborhood Connections immediately about what has occurred. Write an *Incident Report Form* as soon as possible and return it to Neighborhood Connections.

If you have called 911 for **any** reason, fill out the *Incident Report Form*, and notify Neighborhood Connections as soon as possible.

Incident Report Form: Fill out an *Incident Report Form* for:

- Every vehicular accident, no matter who is at fault or whether there are injuries;
- Any incident involving the client/passenger;

- Any accident or incident involving a volunteer on Neighborhood Connections business, whether a client is present or not;
- Any illness on the part of a passenger;
- Any transport to Emergency Room;
- Any 911 call.

Filling out the *Incident Report Form*:

- Fill out the report completely, with facts rather than opinions.
- Let the volunteer coordinator know you've filled out an *Incident Report Form*
- Send or bring the report as soon as possible to Neighborhood Connections
- You may make or request a copy for your own records

Other Precautions:

- **MEDICAL EQUIPMENT:** Be mindful of safety if you transport a client in your car, and ask before touching medical equipment such as oxygen or a wheelchair. You must be capable of lifting such equipment safely.
- **FOOD:** Before offering food to someone, be sure to check on any dietary needs. Some people may be on medication or have an illness such as diabetes, which may require avoiding certain foods.
- **IF THE RECEIPIENT DOES NOT ANSWER THE DOOR::**
 - Try telephoning the recipient.
 - Try the front and back door. Look in the windows, and basement.
 - Check with neighbors to see if they know where the recipient might be.
 - Call the back-up phone number(s) you've been given by the recipient. Let Neighborhood Connections Volunteer Coordinator know you have done so.

Confidentiality: The relationship between Neighborhood Connections and our members is confidential. Safeguarding that relationship is obligatory. Volunteers must recognize that whatever information about clients is known to them, as representatives of these agencies, is to be used only for the purpose of giving service and **must not be shared outside** of these agencies *or with other volunteers. Any observations or information that you feel might put the client or others in danger or at risk must be shared with the appropriate staff person who works with the client.*

Addresses and telephone numbers of staff, volunteers, clients and their families are considered confidential by Neighborhood Connections. An address and phone number should be released to another individual or agency only with the consent of the person concerned.

So, what does it mean to volunteers? *Any information you may have by virtue of working with a client must remain confidential.* You can and are encouraged to share that information with the appropriate staff person working with that client.

Abuse or Neglect: The Executive Office of Elder Affairs is required by law to administer a statewide system for receiving and investigating reports of elder abuse, and for providing needed protective services to abused elders when warranted. To fulfill this responsibility, Elder Affairs has established 22 designated Protective Services (PS) agencies throughout the Commonwealth to respond to reports of elder abuse. Elder abuse includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation. The goal of protective services is to remedy or alleviate the abusive situation and to prevent the reoccurrence of abuse.

Reporting Elder Abuse: Elder abuse reports may be made to the appropriate designated Protective Service agency or the statewide Elder Abuse Hotline (**1-800-922-2275**), which operates on a seven days a week, 24 hours a day basis. Typically, elder abuse reports are made to Protective Service agencies during normal business hours and to the Hotline during after-hours periods, on weekends and holidays.

Anyone can make an elder abuse report. The law requires certain professionals, including social workers, to report suspected incidents of abuse. A volunteer is **not** a mandated reporter. Someone making a report in good faith cannot be sued for doing so.

Protective Service Intervention: Once an elder abuse report is received, a trained PS caseworker is assigned to investigate the allegations. If the investigation results in the confirmation of one or more types of abuse, the elder is offered an array of services to address the situation. In cases of serious abuse, the Protective Service agency must make a report to the District Attorney for possible prosecution.

An elder who has the capacity to make informed decisions has the right to refuse services. However, court ordered services must be sought on behalf of abused elders who are unable to make informed decisions, and are at risk of serious harm. In addition, protective services must be provided in the least restrictive and appropriate manner possible. This means that in-home and community based services are given preference over institutional placement.