



Dear Potential Volunteer:

Thank you for your interest in volunteering with The Pines at Davidson Health Center. This packet contains forms that are vital to your orientation process. Please complete the forms and mail them back or drop them off at the main reception desk between the hours of 8:00 am and 7:30 pm any day of the week.

Since resident safety and advocacy is our priority, The Board of Directors of The Pines now mandates that criminal background checks are conducted on every volunteer before they may serve in a volunteer capacity. Please complete the information for both background checks. Disregard the \$10.00 payment for fees related to background check forms as The Pines will cover the costs.

Once we have received your packet and your background check has cleared (2-3 weeks), we will call you to set up a volunteer orientation. During the orientation, we will determine how you could best use your talents to meet our resident's needs. Additionally, we will review important matters such as resident's rights, safety and emergency procedures, sign-in/sign-out procedures, and tour of our organization. We will also review chronic conditions and disabilities often associated with vulnerable residents residing in long-term care communities. Because our residents are important to us, expect the orientation process to be thorough and last a few hours.

Again, we thank you for your interest in our organization, and we look forward to working with you.

Sincerely,

Heather Hartwig, LRT/CTRS Health Center  
Recreational Therapy Supervisor  
Volunteer/RT Intern Coordinator  
704-896-1499

**The Pines at Davidson  
VOLUNTEER APPLICATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

\*Include name(s), phone number(s) and relationship(s)

Please list the best times and days you will be available to volunteer:

\_\_\_\_\_  
\_\_\_\_\_

Please list three (3) references. Former volunteer coordinator or individuals who we may call to verify your qualifications and character to volunteer with a vulnerable population. Include name, telephone number and relationship to the individual:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Area in which I am most interested in volunteering: (Please check all that apply)

- Assisted Living Unit
- Independent Living
- Healthcare Unit
- Purcell Wing Unit
- No preference-please assign me to an area of greatest need

I would prefer to volunteer in this area of need: (Please check all that apply)

- Assist Recreation Staff with non-resident related tasks (Examples include: clerical duties, decorating, scrapbooks, mail delivering, posting Health Center room calendars, etc.)
- Assist Recreation Staff with group activities
- Plan and lead a group activity
- Visit a resident on an individual basis

Please give a general description of yourself and what assets you could bring as a volunteer. Include your hobbies, talents, interests, etc.

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Why are you interested in volunteering with senior adults? Include any personal, professional, academic goals you would like to achieve. Students: please attach all copies/descriptions of program requirements.

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Please list all previous and/or current volunteer (or work-related) experiences in which you have worked with the elderly. Include organization and volunteer (or employee) duties. If no longer volunteering, please list reason why.

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Please list any other organizations you have volunteered for and list specific duties.

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My signature below certifies that all information in this application is correct and complete to the best of my knowledge. I understand that intentionally false information will result in refusal by the organization to allow volunteer privileges if discovered before or after volunteer service begins. Due to the responsibility of the organization to protect vulnerable residents, it is the policy of The Board of Directors of The Pines at Davidson that any volunteer applicant with previous criminal history will not be permitted to volunteer with the organization.

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Volunteer Signature

Date

**Receipt and Acknowledgement of The Pines at Davidson Volunteer Orientation**

The Recreation staff of The Pines Wellness and Social Services Department takes great pride in the role that volunteer's play in contributing to the organization's mission to provide for and improve quality of life for our residents. Without volunteers this could not happen!

**Initial Orientation:**

Prior to beginning your volunteer experience with The Pines, you will be routed through a formal orientation process that will typically take place as follows:

1. Initial interview with recreation staff (via phone or in-person encounter)
2. Completion of volunteer application and The Pines' Board required background check forms (criminal and sex offender registry).
3. Volunteer candidate reads and reviews the volunteer handbook and all required forms.
4. Volunteer candidate schedules an in-person orientation meeting with recreation staff. Meeting will include review of handbook materials, review of pertinent volunteer policies/procedures, tour of facility, review of The Pines mission, review of volunteer assignment (may include meeting assigned resident) and review of any remaining questions.

**Annual Re-Orientation:** Volunteers will be required to attend at least one annual meeting at which time any new policies/procedures for volunteers will be reviewed.

I, \_\_\_\_\_ (please print), hereby acknowledge that the above described volunteer orientation process was completed prior to beginning my volunteer duties. I have read and reviewed all policies, forms, manuals and materials required of me prior to start of my duties and hereby understand what is required of me. I understand that I am additionally required to attend at least one formal re-orientation meeting per year in order to continue my duties as a Pines' volunteer. Signature of my attendance at the re-orientation will be kept in my volunteer file.

\_\_\_\_\_  
Volunteer's Name (Printed)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Volunteer Coordinator

\_\_\_\_\_  
Date

(Copy given to volunteer/Original remains in volunteer file.)

**THE PINES AT DAVIDSON**

**Confidentiality Policy for Volunteers**

**Philosophy:** The Pines at Davidson regards resident confidentiality a prime responsibility for staff and volunteers alike. As a volunteer, you will at times be exposed to personal and private information of Pines residents. Staff will share information with you only on a “need to know” basis. That is what you need to know to accomplish your tasks as a volunteer. At times this may include confidential information. Additionally, in the course of your volunteerism, residents (or the resident’s family) may share confidential information with you. Please understand that all information obtained in the course of your volunteerism is confidential and not permitted to be shared with outside individuals. Volunteers are encouraged to share information with designated supervisory staff (as listed in your volunteer handbook), particularly when there are questions concerning the resident’s safety or health. Ultimately, we ask that you please respect Pines’ resident information as you would your own. Because our residents are vulnerable due to age and disability, it is the responsibility of The Pines to ensure that all volunteers (and employees) adhere to our philosophy and abide by our confidentiality policy.

**Policy:** Strict confidentiality of all resident information is to be maintained at all times. Any information received by the volunteer that relates to a resident at The Pines at Davidson is considered privileged and not subject to disclosure. Confidential information includes:

1. Resident name;
2. Scope and nature of services;
3. Nature of illness (diagnosis);
4. Medical or mental health histories; substance abuse histories; developmental disability histories;
5. Any information that would be adverse to the health, safety, or reputation of the resident or his/her family or significant others.
6. No photos or videos taken of the residents.

**Purpose:** The purpose of this policy is to protect the privacy of residents residing at The Pines at Davidson.

**Procedure:** Volunteer to read, sign, and date this form. Form must be reviewed with volunteer and returned to the staff volunteer coordinator before volunteer can receive assignment. Original copy will be placed in volunteer’s file and copy will be given to volunteer to keep with their handbook.

I, (Please print your name) \_\_\_\_\_, have read, understand, and agree to abide by The Pines at Davidson confidentiality policy as stated above. I understand that all information obtained during the course of my volunteer service is confidential. I agree to respect the privacy of all resident(s) (assigned and non-assigned) with whom I interact and hold in confidence all information obtained during the course of my volunteer service. Unauthorized disclosure of the confidential information will result in immediate dismissal of volunteer privileges.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**A CONDENSATION OF NORTH CAROLINA'S**  
**BILL OF RIGHTS FOR NURSING HOME RESIDENTS**

1. To be treated with consideration, respect, and full recognition of personal dignity and individuality.
2. To receive care, treatment, and services that are adequate and appropriate and in compliance with relevant Federal and State rules.
3. To receive at the time of admission and during stay, a written statement of services provided by the facility and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified.
4. To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in resident's file.
5. To receive respect and privacy in his/her medical care program. All personal and medical records are confidential.
6. To be free of mental and physical abuse. To be free of chemical and physical restraint unless authorized for a specified period of time by a Physician according to clear and indicated medical records.
7. To receive from the administrator or staff of the facility of reasonable response to all requests.
8. To receive visitors or have access to privacy in phone use at any reasonable hour. To send and receive mail promptly and unopened with access to writing materials.
9. To manage his/her own financial affairs unless other legal arrangements have been so ordered.
10. To have privacy in visits by the resident's spouse.
11. To enjoy privacy in his/her room.
12. To present grievances and recommend changes in policies and services without fear of reprisal, restraint, interference, coercion, or discrimination.

13. To not be required to perform services for the facility without resident's consent and written approval of the attending physician.
14. To retain, to secure storage for, and to use his/her personal clothing and possessions, where reasonable.
15. To not be transferred or discharged from a facility except for medical, financial, or their own or other resident's welfare. Any such transfer shall require at least five days notice, unless the attending physician orders immediate transfer, which shall be documented in the resident's medical record.
16. To be notified when the facility's license is revoked or made provisional. The responsible party or guardian must be notified, also.

My signature below indicates I agree that the above information was discussed with me by the staff volunteer supervisor at The Pines at Davidson and that I understand. I agree to respect and understand these rights and to report/discuss possible violations of these rights with my volunteer supervisor. I understand that a copy of these rights has been placed in my volunteer handbook for my reference and that a signed copy will become a permanent part of my volunteer file.

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Volunteer Print & Sign Name

Date

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Staff Volunteer Coordinator

Date

## FIRST POINT BACKGROUND CHECK

NAME (First, Middle, Last) \_\_\_\_\_

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

2<sup>ND</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? CITY,  
STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_/\_\_/\_\_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

### APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

### CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc. for employment purposes.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*For office use only*

*Fax to Insight @ 1-800-888-3487*

Company Name: \_\_\_\_\_ Requester: \_\_\_\_\_

<input type="checkbox"/> Criminal Records	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Motor Vehicle Record
<input type="checkbox"/> Multi-State Criminal Index	<input type="checkbox"/> SS Number & Name Verification/Address Search	<input type="checkbox"/> FACIS (Healthcare Only)

Criminal (Where?) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Employment 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Professional License Verification \_\_\_\_\_ Education Verification \_\_\_\_\_



AUTHORITY FOR RELEASE OF INFORMATION  
State Access Only  
Name Check Access

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with THE PINES AT DAVIDSON pursuant to DHHS-LONG-FERM-STA-FEANDFED-NCGS 122C-80B/13°ID-40AA1/13°ID-40AA1.

(type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

-this form must be maintained on file with the above named agency for once year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

ORI # HCPNH0072 - THE PINES AT DAVIDSON

HCPNH0072

