



One Source Empowering Caregivers

"We get to the Heart Of the Matter at Hand"

P.O. Box 311, Cedar Ridge, CA 95924

530-802-6154

VOLUNTEER APPLICATION (A)

We appreciate you for choosing One Source - Empowering Caregivers as your opportunity for volunteering in our community. When you have completed the application, please return to:

One Source - Empowering Caregivers

Attention: Volunteer Coordinator

P.O. Box 311, Cedar Ridge, CA 95924

530-477-6389 or 530-802-6154

I, the applicant, understand that One Source - Empowering Caregivers is asking for a one year commitment to provide volunteer respite service of 2-4 hour shifts per week, with the exception of planned vacation and illnesses. OSEC finds that this arrangement seems to work best for all of the individuals involved.

I also understand that there may be additional requests to attend educational and monthly Volunteer support meetings. Both are important aspects of providing the best service to our caregivers and their loved ones. This offers our Volunteer Care Specialists support and ways to enhance their participation and care.

I also understand that the policy of One Source - Empowering Caregivers is to obtain fingerprints and perform background checks on all volunteers who will be associated with our organization. Proof of California Drivers License, auto liability insurance, along with a health exam and TB testing will also be requested. OSEC will cover the costs, if any, for medical tests and/or fingerprints and background checks.

Name: _____ Date: _____

First

Last

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____



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In addition to English, list any other languages you speak: _____

Volunteer Opportunities

What type of volunteering are you interested in?

If you cannot volunteer for the requested one-year time commitment as a Volunteer Care Specialist, please check any of the following volunteer opportunities that may interest you.

Administrative_____

Grant Writing_____

Board Interest_____

Public Relations_____

Clerical/Office_____

Social Media_____

Community Outreach_____

TEAM assistance_____

Fundraising_____

Please check how often you can volunteer:

Daily_____Weekly_____Monthly_____Occasionally_____

If you have interest in areas that are not listed, please let us know and we will find a place for you to join our team.

If you have ideas that you think would enhance our programs or services, please share your suggestions with us.

If you have suggestions that may be useful/helpful to caregivers and their loved ones, please let us know what you think.



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Have you ever been convicted of a felony? Yes_____ No_____

Any physical limitations? Yes_____ No_____

If yes, please explain_____

Can you provide a Medical clearance from your physician stating that you are healthy enough to Volunteer?_____

Please list one professional and two personal references to which you are not related:

Professional References:

Name:_____ Phone_____

Address:_____

City:_____ State_____ Zip_____

How long have you known one another?_____



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Personal References:

Name: _____ Phone _____

Address: _____

City: _____ State _____ Zip _____

How long have you known one another? _____

Name: _____ Phone _____

Address: _____

City: _____ State _____ Zip _____

How long have you known one another? _____

I realize that, as a volunteer I am representing ONE SOURCE - EMPOWERING CAREGIVERS. I accept this responsibility and will conduct myself in a professional manner and follow the guidelines that OSEC has requested to represent their organization.

Volunteer Signature _____

Date _____

8/13/16 DR (Requested Signature Doc A)



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**AUTHORIZATION FOR
BACKGROUND AND CRIMINAL HISTORY RECORD CHECK FORM #11(B)**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize OSEC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I authorize OSEC to obtain information pertaining to any charges and/or convictions I may have had for violations of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors.

I understand that OSEC that this information will be gathered from any law enforcement agency of this state, or any state or federal government, or will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the organization's choice.

I also understand that I may withhold my permission and that such a case, no investigation will be done, and my application for volunteer opportunities will not be processed further.

As an applicant, I hereby attest to the truthfulness of the representations I have made. As I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

Signature

Date

OSEC Representative

Date



Print Full Legal Name

If applicable, other names used during last 5 years -----

Address

City State Zip

Male_____ Female_____

Date of Birth State of Birth Social Security #

DL# State of Issuance Expiration Date

Please list where you have lived in the last 5 years:

As an individual interested in the volunteer position, I understand that OSEC will conduct a background and criminal history check investigation for these purpose. If I am refused the volunteer position due to results of the background investigation, I understand that I may request an explanatory meeting with the Volunteer Coordinator and the Executive Director. Such request must be made within 5 working days of my receipt of notice. Failure to provide complete and accurate information will be cause for termination of application process.

_____ If you would like a copy of the background check sent to you, please check the box.

Signature Date

To be completed by the organization: Identification verified with government issued picture identification.

Date Type of Identification OSEC Verifier's Initials

(AM 100-04 Attachment #1) DR (VTP Signature Doc B) (Manual Form#11)



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CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (C)

WHEREAS, _____, ("Volunteer") will be working with One Source - Empowering Caregivers (OSEC) and will have access to Confidential Information about the affairs of caregivers, recipients and their families.

WHEREAS. "Confidential Information" means, individually and collectively, any and all information, including, without limitation, medical, financial, and personal information relating to caregivers, recipients, and their families, whether in written, electronic or verbal form.

THEREFORE, as a condition to Volunteer's association with OSEC, Volunteer hereby agrees as follows:

1. **Confidential Information Shall Be Kept Secret.** Volunteer shall maintain the Confidential Information received in connection with volunteer activities on behalf of OSEC in confidence and shall not disclose the same to anyone, except as necessary for the performance of Volunteer's duties in his or her role at OSEC. Except as permitted above, Confidential Information shall not be disclosed by Volunteer at any time during his or her volunteer service with OSEC, or at any time thereafter, in perpetuity.

2. **Termination for Breach of Confidentiality.** Volunteer hereby acknowledges that in the event of breach of any provision of this agreement, OSEC has the right suspend, reprimand, or terminate Volunteer and to sever Volunteer's relationship with OSEC.

3. **Damages for Breach of Confidentiality.** In the event that OSEC or any person, caregiver or recipient suffers damages as a result of the release of Confidential Information by Volunteer, OSEC may seek to recover damages, costs, expenses and attorney's fees against Volunteer.

4. **Governing Law, Venue and Attorney's Fees.** This Agreement is governed by and construed according to the laws of the State of California. Any disputes concerning, arising from, or any way connected to this Agreement must be brought only in Nevada County Superior Court. The prevailing party shall be entitled to an award of costs and attorney's fees.

DATED: _____, 20_____

VOLUNTEER



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Caregiver/Care Recipient/Volunteer Care Specialist Agreement (D)

One Source –Empowering Caregivers (**OSEC**) is a non-profit organization providing social respite services to caregivers, their families and their communities.

OSEC is not a provider of **medical** or **personal care needs** service.

It is important to understand what your Volunteer Care Specialist can and cannot do. The Volunteer can provide you with a 2-4 hour break, while providing your loved one with caring companionship.

Your Volunteer Care Specialist cannot perform the following tasks:

- Assist with bathing or personal care, including such things as toileting, nail care and massages
- Assist with meal preparation and/or feeding the care recipient
- Monitoring blood pressure or vitals
- Diabetic testing, administering injections or administering medications
- Take the place of professional nursing care or paid staff
- Heavy lifting or moving
- Become a paid worker for the caregiver or their family

Additionally, the following guidelines will be used to establish and maintain an appropriate relationship between the Caregiver, **OSEC**, and the volunteer.

As a Caregiver/Care Recipient, I agree to:

Completely disclose all relevant information regarding the care recipient's physical, emotional, and mental abilities and limitations to OSEC representatives.

Disclose other relevant assistance the care recipient is receiving from other services, etc.

Identify the types of care your care recipient requires.

Maintain emergency contact telephone phone numbers, which will be available to the Volunteer Care Specialist at all times.

Notify the Volunteer Care Specialist of your plans and return on time.

Not ask the Volunteer Care Specialist to take the place of a nurse or paid staff.

Not hire Volunteer Care Specialist or offer gifts of any kind.

Keep the Assessment Team and the volunteer informed of changes in the care recipient's condition.

Discuss any concerns with the Assessment Team so the appropriate resources can be located to help you.

Reschedule respite times with sufficient notice. (48 hour notice is suggested).

Understand that this is an 'at own risk' relationship.

As the Volunteer Care Specialist, I agree to:

- Arrive on time for regular In-Home Respite Program engagements.
- Notify the Caregiver and **OSEC** of any noticeable changes in the care recipient's condition or behavior.
- Treat the care recipient with respect and kindness.
- Visit 2-4 hours per week or as arranged with the family.
- Report any suspected abuse, neglect or suicidal/homicidal conversations to **OSEC** and the appropriate authorities.
- Not accept gifts or financial payment from the family, or become a paid worker for the family.
- Not to handle money or conduct any kind of financial transaction on behalf of the caregiver/care recipient.
- Not care for children in the home.
- Not function as a nurse or domestic.
- Keep caregiver/care recipient information confidential.
- Do not bring food into the Caregiver/Care Recipient home.
- Read the Volunteer Care Specialist Manual and abide by it.
- Understand that this is an 'at own risk' relationship.

One Source – Empowering Caregivers agrees to:

- Screen all volunteers through an application, interview, and state background check.
- Provide training to all volunteers before placing them in a Caregivers/Care Recipient's home.
- Provide ongoing education, training and support to volunteers.
- Screen all families for appropriateness before placing volunteers.
- Provide ongoing access to the Assessment Care Team for follow up consultation and questions.
- Provide access to relevant referrals for other community services.
- Respect the Caregiver/Care Recipient's right to confidentiality, refraining from disclosing any information about their situation without their express consent.

By signing below, all parties to this agreement understand that One Source – Empowering Caregivers (**OSEC**) will verify information on this form, and may check publicly accessible information about the background of any party. The parties further understand that **OSEC**, in the interests of its volunteers and caregivers/care recipients, reserves the right to adjust or suspend services to or from any party at any time.

_____ Date _____
Caregiver Signature

_____ Date _____
Care Recipient Signature

_____ Date _____
Volunteer Care Specialist Signature

_____ Date _____
OSEC Representative Signature



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VOLUNTEER EMERGENCY CONTACT INFORMATION (E)

Name: _____

Healthcare Provider: _____

Address: _____

Phone number: _____

In case of emergency notify: _____

Address: _____

Phone: _____ Relationship: _____

Alternate Person: _____

Address: _____

Phone: _____ Relationship: _____

MEDICAL EMERGENCY TREATMENT

I hereby give: OSEC representatives permission to administer basic first aid

and/or CPR to: _____

(Volunteer Name)

and/or take me _____,

(Volunteer Name)

to a hospital for treatment when emergency contacts cannot be reached.

Signature

Date



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VOLUNTEER EMERGENCY CONTACT INFORMATION *continued*

HEALTH INSURANCE INFORMATION:

Company Name:_____

Policy #:_____

Participating Hospital:_____

Special Instructions:_____



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CELL PHONE AND DRIVING POLICY AGREEMENT (F)

It is the intent of OSEC to create a workplace, which will have a positive impact on the safety of those working with OSEC as a volunteer and/or employee and will enhance OSEC’s productivity.

Volunteers and employees may not use cell phones or (PDA’s) personal electronic devices while operating a motor vehicle. This includes, but is not limited to:

- Answering or making phone calls
- Engaging in phone conversations
- Reading or responding to emails and text messages
- Accessing the internet

In an emergency, drive to a safe location, pull over, and put the vehicle in PARK before calling to report an emergency.

Signed:_____

Date:_____

AM100-01#6



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**DRUG & ALCOHOL FREE WORKPLACE
AGREEMENT (G)**

It is the intent of OSEC to create a workplace, which will have a positive impact on the health, safety and morale of those working with OSEC as a volunteer and/or employee and will enhance OSEC’s productivity. On the job, the misuse of alcohol and similar controlled substances can create a variety of work-related problems. Therefore, it will not be tolerated.

I have read the Drug & Alcohol-free Workplace Policy as stated above, and agree to abide by it.

Signed:_____

Date:_____

AM100-01# DR7/16



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**MEDICAL CLEARANCE FORM
FOR PARTICIPATION IN VOLUNTEER
IN-HOME RESPITE CARE PROGRAM (H)**

Your Patient _____ has volunteered to participate in OSEC's In-Home Respite Care Program as a Volunteer care Specialist, which requires your medical clearance prior to participation. Clearance indicates that this person has no contradictions for participation in our In-Home Respite Care Program as a Volunteer Care Specialist companion.

This position provides free, non-medical companion care to caregivers who are caring for their loved ones at home. Between 2-4 hours, per client, per week.

My Patient _____ is physically able to participate in OSEC's In-Home Respite Care Program as a Volunteer Care Specialist.

Please list any restrictions or concerns, (including medications) _____

DOCTORS DETAILS

Name _____ **Phone** _____

Email _____

Address _____

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

Signature _____ **Date** _____

Kind Regards
Donna Raibley - Executive Director (530) 477-6389

draibley@empoweringcaregivers.org



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CURRENT CDL AND AUTOMOBILE INSURANCE PROOF FORM (I)

Due to our Insurance Company Carrier, we are required to have the following items on file for each Volunteer:

- Proof of a current California Driver’s License
- Proof of current automobile insurance.

Please fill out the following form and attach a photo copy of both items. Thank you for your help with this.

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone _____ Email _____

Thanks for your cooperation.



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Please answer the following questions as thoughtfully as you can. Take your time and be present with your intentions and feelings in answering. Thank you.

Objective: To find out why you want to be apart of OSEC?

Have you ever volunteered in the past? Yes _____ No _____

If yes, please describe briefly_____

Have you ever been in a caregiving situation? Yes _____ NO _____

If yes, please describe briefly_____

What inspired you to volunteer for this organization? (Something from your past? Share an experience that means something in particular to you.)

What do you hope to gain from your volunteer experience with OSEC's caring team?

What is it about the organization's unique work or mission that you are excited about?

Volunteer Care Specialist Training is a large commitment of time, effort and energy for you as well as the OSEC Care Team. Is there anything that you anticipate that may interfere with the accomplishment of the 1 year commitment, such as; family obligations, vacations, plans for relocating, employment?

Volunteer Care Specialists work with caregivers who are caring for individuals with Alzheimer's, Dementia, Cancer, Parkinson's, disabilities as well as many other diagnoses. How does that make you feel when you think about being a companion to someone who may have serious physical or cognitive limitations from their illness?

When you think about these types of situations, what do you think would be the most difficult for you as a Volunteer Care Specialist?

How do you feel about working with caregivers and family members who are from a different spiritual or religious background than you?

What about a different culture or race than you?

What do you do to care for yourself?

Do you have a good, strong support system in your life?

How do feel about working with individuals who smoke? In their home?

How do feel about working with Caregiver's and family members who have pets in the house?

***Your Personal Story** - why are YOU involved in OSEC? (What/who brought you in contact with OSEC?)*



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onesourceempoweringcaregivers.com

ETHICS FOR OSEC VOLUNTEERS

- **If you ever feel uncomfortable or as if your safety is at risk, leave the Caregiver's property immediately and call OSEC.**
- **Caregivers/care recipients may send a thank you note to you via OSEC or send a donation to OSEC. Volunteers may not accept money or gifts of any kind.**
- **Keep in mind that teasing and off color jokes can offend some caregivers/care recipients or can be taken the wrong way. Please keep your conversations to the issues at hand.**
- **Any romantic possibilities with caregivers/care recipients should not be pursued while you are an OSEC volunteer. A handshake or a kind smile is all that is needed to let clients know that you care about their concerns.**
- **It is sometimes advisable that you either team up with another volunteer or that the caregiver/care recipient invite a third person over, in order to avoid awkward situations.**
- **Do not give your address or phone number out to caregivers/care recipients. If they need to reach you, they can call OSEC and we will contact you.**
- **Please remember that caregiver/care recipients names and phone numbers are confidential, so do not talk about caregivers/care recipients in public or among your family and friends.**

Thank you for your understanding and cooperation. Do not hesitate to call OSEC if you ever have questions or concerns.