



Charlotte Hall Veterans Home

29449 Charlotte Hall Road

Charlotte Hall, MD 20622

301-884-8171

www.charhall.org

Individual Volunteer Application

This application is for individuals only. Once you submit this application, the Director of Volunteer Services and Community Outreach will contact you regarding your approval and upcoming orientations.

GENERAL INFORMATION

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Age Range (please circle): 14-17 18-29 30-49 50-64 65+

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Are you a student? ___ Yes ___ No If yes, what school you are attending and grade/ level: _____

Are you a (please circle, if applicable): Veteran Activity Duty

If so, please list your branch of the service and years served: _____

What other volunteer programs do you participate in? _____

Give a brief description of any previous volunteer or community service you have done:

List the names of any veteran or community organizations you are a member of:

Please list some of your hobbies and interests:

Please provide a brief work history:

Desired service area (please circle all that apply):

Activity Aide	Housekeeping	Maintenance	Food Services	Library Aide	Arts and Crafts	Bingo Helper
Reading Volunteer	Walking with residents	Music and Memory	Friendly Visitor	Commander's Closet	Comfort Companion	Quartermaster's Cart
Memory Care Volunteers	Technology Support	Oral History	Braille Reader	Nursing	Administrative	Social Services

Availability (please circle): Weekly Monthly Occasionally upon request

Please mark the best time for you to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please describe why you would like to volunteer with Charlotte Hall Veterans Home:

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain:

Provide 3 references (excluding relatives):

Name: _____ Contact #: _____ Relation: _____

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Applicant Signature: _____ Date: _____

Printed Name: _____

VOLUNTEER MEDICAL HISTORY FORM

Please provide the following information regarding your/ your child's health history:

Name: _____ Social Security Number: ____/____/____

Date of Birth: ____/____/____ Allergies: _____

Current Medications: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Please answer YES or No to the following questions and provide additional details where requested.

	YES	NO
1. Have you ever had an epileptic seizure?	_____	_____
2. Have you ever been told by a doctor you have epilepsy?	_____	_____
3. Have you ever been treated for diabetes?	_____	_____
4. Have you ever been told by a doctor that you were anemic? When? _____ What treatment? _____	_____	_____
5. Do you have or have you ever had high blood pressure?	_____	_____
6. Do you have or have you had the following diseases? (heart disease, heart murmur, rheumatic fever) Name and date: _____	_____	_____
7. Lung disease (pneumonia, other)? Name and date: _____	_____	_____
8. Kidney disease (infections, other)? Name and date: _____	_____	_____
9. Liver disease (mononucleosis, hepatitis, other)? Name and date: _____	_____	_____
10. Have you ever been told by a doctor that you have asthma?	_____	_____
11. Do you have or have you ever had a hernia or "rupture"?	_____	_____
12. Have you ever become unconscious in the past 3 years? If so, describe and give date(s): _____	_____	_____
13. Have you had a concussion or other head injury in the past 3 years? If so, describe and give date(s): _____	_____	_____
14. Have you stayed overnight in a hospital due to a head injury?	_____	_____
15. Have you ever had a neck injury involving bones, nerves or disks that disabled you for a week or longer? Type of injury: _____ Date(s): _____	_____	_____
16. Do you wear glasses or contacts?	_____	_____
17. Have you had a broken bone (fracture) in the past 2 years? What bone: _____ Right or left: _____	_____	_____
18. Have you had a shoulder injury in the past 2 years that disabled you for a week or longer (dislocation, separation, etc.)? Type of injury: _____ Right or left: _____ Date(s): _____	_____	_____
19. Have you had shoulder surgery? What was done? _____ Date(s): _____	_____	_____
20. Have you ever injured your back?	_____	_____
21. Do you have back pain? Circle all that apply: Seldom, occasionally, frequently, with exercise, with heavy lifting	_____	_____

- | | YES | NO |
|--|-------|-------|
| 22. Have you injured your knee in the past 2 years? | _____ | _____ |
| 23. Have you been told by a doctor that you injured cartilage in your knee?
Right or left knee: _____ Date(s): _____ | _____ | _____ |
| 24. Have you ever had knee surgery?
What was done and why: _____
Date(s): _____ | _____ | _____ |
| 25. Have you ever been treated for depression or anxiety? | _____ | _____ |
| Do you have any other conditions that we should be aware of (i.e., ulcers, pregnancy, food or insect allergies, tendonitis, etc.)? _____ | | |

Please give the dates for the following shots:

Tetanus: ___/___/___ Polio: ___/___/___ Flu: ___/___/___ Tuberculosis: ___/___/___

I certify that the responses to the questions on this form have been answered completely and truthfully to the best of my knowledge (or by parent, if completed on behalf of a minor).

Applicant Signature: _____ Date: _____

Printed Name: _____

Parent/ Guardian Signature (if under 18): _____ Date: _____

Printed Name: _____

VOLUNTEER AGREEMENT

I agree to adhere to the policies and procedures of this healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. The Charlotte Hall Veterans Home is a state building and, as such, must be open to the public. Our employees, residents and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by the Maryland Department of Veterans Affairs, even if they have had problematic incidents in the past— unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, residents and volunteers as that care is provided. If a resident, staff member, volunteer/ visitor is abusive, makes inappropriate gestures, advances or conversation that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or the Director of volunteer Services and Community Outreach.

Applicant Signature: _____ Date: _____

Printed Name: _____

Parent/ Guardian (if under 18): The above named student has my consent as a parent/ guardian to serve as a student volunteer in the healthcare facility. I feel that he/she is physically and mentally fit to fulfill his/ her duties. I have read the above agreement as signed by my student and understand their obligation to the youth volunteer program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering at Charlotte Hall Veterans Home.

Our job is to provide veterans care and to protect our employees, patients and volunteers as that care is provided. The above named student has been instructed to immediately inform their supervisor and/ or the Director of Volunteer Services and Community Outreach in the event a resident, staff member, volunteer and/ or visitor is abusive, makes inappropriate gestures, advances, or conversation that is in a manner which makes them uncomfortable.

Parent/ Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

DRESS CODE AND CELL PHONE USAGE FOR YOUTH VOLUNTEERS

This portion is only to be completed by a youth volunteer between the ages of 14 and 17.

Dress Code: A neat and clean appearance is expected of all youth volunteers when they are in the facility. Youth volunteers are asked to wear khaki or black pants, polo shirt, dress shirt or sweaters (blue jeans will be permitted depending on the activity/ assigned work area). Hats, low cut or midriff bearing tops, opened toes shoes, torn or holey clothing are not permitted to be worn in the facility.

Cell Phone Usage: No texting or cell phone usage is permitted while volunteering in assigned work area/ station. If phone usage is required, please check with your supervisory staff covering the assigned work area or special event to ask permission to use your phone. Phone usage must take place in an area that will not disrupt residents or resident's activities.

Applicant Signature: _____ Date: _____

Printed Name: _____

PRIVACY ACKNOWLEDGEMENT AND NON-DISCLOSURE AGREEMENT

HMR of Maryland, LLC, dba Charlotte Hall Veterans Home is committed to protecting the privacy of all Residents of its affiliated facilities (hereinafter referred to as "Facilities") and protecting the confidentiality of their health care information. The following specific principles are applicable to all Facilities' employees, independent health care professionals involved in the care of Residents at the Facilities, volunteers, students, faculty, vendors, and contractors regardless of their job classification or position. While working with Residents at or in Facilities, I realize that I may have access to or become aware of confidential Resident medical information, whether or not I am directly involved in providing care to that Resident. I understand that I must keep this information in the strictest of confidence.

As a condition of my employment/work at HMR of Maryland, LLC, dba Charlotte Hall Veterans Home, I agree that I:

- Will not verbally or in any written form disclose confidential Resident information to any unauthorized person.
- Permit any unauthorized person to examine or make copies of any Resident's records, reports, other documents, or data files prepared, controlled, or accessible by me at any time during or after my employment or work at Facilities.
- Will not examine, use, or disclose confidential Resident medical information except as needed to perform the duties of my job.
- Will not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- Will not remove or copy any record or report from the office where it is kept except in the performance of my duties.
- Will report any violation of this policy.

If I have access to computerized information or programs at HMR of Maryland, LLC, dba Charlotte Hall Veterans Home, I understand that the information accessed through all HMR of Maryland, LLC, dba Charlotte Hall Veterans Home information systems contains sensitive and confidential Resident care, business, financial, and employee information that should only be disclosed to those authorized to receive it. I commit to:

- Respect the ownership of proprietary software.
- Respect the finite capability of the systems, and limit my own use so as not to interfere unreasonably with the activity of other users.
- Respect the procedures established to manage the use of the system.
- Prevent unauthorized use of any information in files maintained, stored or processed by HMR of Maryland, LLC, dba Charlotte Hall Veterans Home.

HIPAA Agreement

- Not operate any non-licensed software on any computer provided by HMR of Maryland, LLC, dba Charlotte Hall Veterans Home.
- Not utilize anyone else's authentication code or device in order to access any HMR of Maryland, LLC, dba Charlotte Hall Veterans Home.
- Respect the confidentiality of any reports printed from any information system containing Resident/member information and handle, store and dispose of these reports appropriately.
- Not release my authentication code.
- Understand that all access to the system will be monitored.

- Understand that my computer system privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.

I understand that a violation of this Agreement may result in corrective action up to and including discharge or termination of my employment or work at or for HMR of Maryland, LLC, dba Charlotte Hall Veterans Home and that my obligations under this Agreement will continue after termination of my work at HMR of Maryland, LLC, dba Charlotte Hall Veterans Home.

I will notify the Corporate Compliance Officer, Mr. Tyree Harris and will report activity that violates this Agreement, privacy and security policies or any other incident that could have any adverse impact on Confidential Information.

By signing this, I agree that I have read, understand and will comply with the HMR of Maryland, LLC, dba Charlotte Hall Veterans Home policies concerning confidentiality of information and use of computerized information systems and the statements made in this Agreement.

Signature

Printed Name

Title / Position at Facilities

Date