

Idaho State Veterans Home-Post Falls

Volunteer Application Packet

Caring for America's Heroes.

www.veterans.idaho.gov

Volunteer Services Program

Thank you for your interest in volunteering at the Idaho State Veterans Home! We are seeking volunteers who will carry out our facility's vision and mission. Please note we are required by law to complete a screening process and run a background check on all volunteers.

WHAT IS A VOLUNTEER?

An ISVH volunteer is a member of a team of individuals who serve without salary under staff supervision and direction. Volunteers are placed in nonprofessional areas and are essential in helping us deliver compassionate care to our residents.

VOLUNTEER EXPECTATIONS

All volunteers attend a special orientation session and receive personal training within the department to which they are assigned. In addition, each volunteer receives an identification badge to wear while volunteering.

GOALS FOR EACH VOLUNTEER

- Assist staff members with non-professional aspects of their work.
- Enhance the resident experience by providing a personal touch in a highly technical environment.

VOLUNTEER TERMINATION

All volunteers deemed unsuitable for continued volunteer service will be dismissed and prohibited from further volunteer activity at the facility. Volunteers may be terminated for but not limited to the following:

- Breach of Confidentiality
- Disregard for facility and Volunteer Program policies.
- Inability to work well with others.
- Any concern the facility may have for the safety and comfort of our residents and their families.

In addition to the application and forms provided, ISVH requires volunteers to be up to date with current Covid vaccination CDC standards. You will be asked to submit these records with your Volunteer Application. Employee Health will evaluate your records and determine the next steps. A Tuberculosis PPD test will need to be conducted. Please call if you have any questions.

We will contact you for an interview and run a reference and background check. When volunteer criteria have been met, we will schedule you for Volunteer Orientation. If you have any questions, please call Jacquelynn Kapphahn (208) 415-3430.

VOLUNTEER SERVICES PROGRAM APPLICATION

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Street Address: _____

(City) (State) (Zip Code)

Mailing Address (if different from above): _____

(City) (State) (Zip Code)

Home Phone: () _____ OK to contact?

Cell Phone: () _____ OK to contact?

Date of Birth: _____ Email Address: _____

Are you a veteran? Yes No

If you answered yes, please list service branch: _____

Present or Past Occupation/Employer: _____

Veterans Organizations, Clubs, Societies to which you have belonged: _____

Special Interests/Certifications: _____

Previous volunteer experience with any other organizations? Yes No

If yes, where? _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency whom should we notify?

Name: _____

Relationship: _____ Phone: _____

INVESTIGATION FOR CRIMINAL CONVICTION HISTORY

When considering individuals for volunteer services, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, residents, the public and ISVH-PF property. This conviction information must be disclosed before an applicant can be considered for volunteering which may involve unsupervised access to developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for volunteer services.** Each case will be given individual consideration.

Name (Last)	(First)	Middle)
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Other Names/Alias (Married, Maiden)

Social Security No.:	Date of Birth (mo/day/yr):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes or crimes related to drugs? Yes No

Have you ever been convicted of any of the following crimes listed below? Yes No

- | | | |
|--|--|--|
| <input type="checkbox"/> Arson (1 st degree)
<input type="checkbox"/> Assault, Custodial
<input type="checkbox"/> Assault, Simple
<input type="checkbox"/> Assault (1 st /2 nd /3 rd degree)
<input type="checkbox"/> Burglary (1 st degree)
<input type="checkbox"/> Child Abuse of Neglect
<input type="checkbox"/> Child Molestation
<input type="checkbox"/> Criminal Abandonment
<input type="checkbox"/> Criminal Mistreatment
<input type="checkbox"/> Custodial Interference
<input type="checkbox"/> Extortion
<input type="checkbox"/> Forgery | <input type="checkbox"/> Incest
<input type="checkbox"/> Indecent Exposure- Felony
<input type="checkbox"/> Indecent Liberties
<input type="checkbox"/> Kidnapping
<input type="checkbox"/> Malicious Harassment
<input type="checkbox"/> Manslaughter
<input type="checkbox"/> Murder, Aggravated
<input type="checkbox"/> Murder (1 st /2 nd degree)
<input type="checkbox"/> Promoting Prostitution
<input type="checkbox"/> Prostitution
<input type="checkbox"/> Robbery
<input type="checkbox"/> Rape | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor
<input type="checkbox"/> Sexual Exploitation of a Minor
<input type="checkbox"/> Sexual Misconduct with a Minor
<input type="checkbox"/> Theft
<input type="checkbox"/> Unlawful Imprisonment
<input type="checkbox"/> Vehicular Homicide
<input type="checkbox"/> Violation of Child Abuse Restraining Order |
|--|--|--|

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance? Yes No

Have you even been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
 Yes No

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service? Yes No

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations? Yes No
 If yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.

I certify that the information contained in above-stated information is true, correct, and completed to the best of my knowledge. I understand that consideration for volunteer services and the continuation of subsequent volunteering depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service. I authorize Idaho State Veterans Home – Post Falls to make inquiries regarding my education, work experience, references, and any criminal conviction history. I understand that acceptance for volunteer services may be conditioned on the receipt of a satisfactory criminal conviction report from law-enforcement related agencies.

Signature _____ Date _____

Facility Instructions: Use the above information to complete the Criminal History Check Form. Place the copy in the Volunteer's personnel file.

FOR FACILITY USE ONLY

<input type="checkbox"/> Criminal Convictions History Completed	Date:	By:
<input type="checkbox"/> Eligible for hire	<input type="checkbox"/> Ineligible for hire	
Findings:		
<input type="checkbox"/> Nurse Aide Registry Checked	Date:	By:
Findings:		

VOLUNTEER AVAILABILITY & ASSIGNMENT PREFERENCE

Please tell us which days and times you are available to provide assistance.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

Please list any current scheduling obligations: _____

How many Hours would you like to serve? _____ per _____

HEALTH CONSIDERATIONS

Are there any known health concerns, allergies, physical limitations that need to be accommodated to help you volunteer? Yes No

Are you up to date with current Covid vaccination CDC standards? Yes No

HOBBIES, TALENTS, OR SKILLS

Tell us a little about yourself. What hobbies, talents, or skills do you have that will assist you in a volunteering position?

Art Music Reading Outings

Chapel Gardening Computer/Technology Knitting/Crochet

Bingo Exercise Crafts

Veterans Organizations, Clubs, Groups: _____

Other _____

AREAS OF INTEREST FOR VOLUNTEERING

Please tell us which areas you are interested in volunteering:

- Helping with outings, wheelchair rides, and outdoor time.
- Engaging our residents in conversation by leading discussion groups.
- Bringing my pet for Pet Visits.
- Music and entertainment activities.
- Spending the day with a resident and simply keeping them company.
- Assisting with Bingo activity.
- Assisting with tabletop activities such as cribbage, jigsaw puzzles, card games.
- Working in the Canteen.
- Gardening
- Library services.
- Assisting with spiritual activities such as spiritual visits, Bible Studies, Chapel Services, and other religious needs.
- Other _____

PERSONAL OR PROFESSIONAL REFERENCES

Please provide names and email addresses of three people who are not family members or significant others. References can be personal or professional in nature.

I authorize my reference to release any information they may have concerning my volunteering.

1. Name _____ Phone: _____

Home Address: _____

Email Address _____ Relationship _____

2. Name _____ Phone: _____

Home Address: _____

Email Address _____ Relationship _____

3. Name _____ Phone: _____

Home Address: _____

Email Address _____ Relationship _____

VOLUNTEER HEALTH REQUIREMENTS

ISVH-PF requires volunteers to:

- ❖ COVID-19 vaccination: Up to date proof of vaccination or a medical/religious exemption on file is required for all volunteers.
- ❖ Free of communicable disease and without symptoms of respiratory illness.
- ❖ Notify the facility: After volunteering, you must notify the Volunteer Coordinator (Jacquelynn Kapphahn (208)415-3430) immediately if you start to experience symptoms of Covid or respiratory illness.
- ❖ Must follow screen in/screen out procedures for entering the facility.
- ❖ Must follow ISVH-PF policies for Covid prevention including social distancing, hand hygiene, and proper PPE usage at all times within the facility.