



Volunteer Application

LIGHT *of* HEARTS VILLA

A Ministry of the Sisters of Charity of Health System



Steps to Become a Volunteer

Volunteer Interview

Volunteers meet with the Volunteer Coordinator to help them identify where, when, and how they would like to be part of our team here at the Villa. Light of Hearts Villa offers multiple opportunities for Volunteer service. Some prefer to use their present skills, others desire to expand their talents.

Once your application has been reviewed and accepted you will need to schedule an appointment with the Volunteer Coordinator to set up your orientation as well as your TB Test.

Orientation

As a new volunteer will go through orientation with the Volunteer Coordinator. This is your opportunity to ask questions, tour the Villa and become familiar with the residents and the staff.

TB Testing

A Two-Step Mantoux Test (TB) or Chest X-Ray: is required by the State of Ohio Board of Health for anyone who works 10 or more days in a 30 day period -or- more than 10 hours during any subsequent 30 day period. Results of the first step Mantoux test must be read within 48-72 hours by a licensed nurse. The result of either test must be turned into the Wellness Office prior to the start of your volunteer work. Second step is given within 7-21 days after the first step has been given and must be read within 48-72 hours by a licensed nurse. This will be repeated annually.

A Signs & Symptoms Assessment is done if a volunteer is in the building less than 10 hours in a 30 day period. The Volunteer is assessed for signs and symptoms of TB. The Volunteer assessed as having signs and symptoms is not permitted to enter the facility until the Volunteer meets specific requirements of TB testing. There is no cost to the Volunteer unless further testing by a doctor is required.

While volunteering, you will need to follow these guidelines:

- Sign in/out at the Receptionist Desk in the Volunteers Book
- Wear your Light of Hearts Villa Name Tag
- Check in with the appropriate person to let them know you are here
- Familiarize yourself with coat/purse security areas available to you
- Please help yourself to the coffee and hot water that are available in the Café
- Respect the Residents' Right "to be treated at all times with courtesy and respect and full recognition of dignity and individuality."
- Remember that this is both a smoke free and weapons free facility
- Discuss issues or concerns with the staff person whom you are volunteering for and/or speak with the Volunteer Coordinator
- Conduct yourself in an ethical manner and avoid gossip
- Maintain integrity of all confidential information (including personal or medical information of residents, staff, families, other volunteers.....)
- Offer suggestions that enhance the quality of life here at Light of Hearts

DO NOT:

- Accept gifts of any nature from residents and/or their families
- Take residents off premise for any reason
- Promise to take residents anywhere
- Purchase food and bring it to residents
- Purchase and bring any over the counter medicines to residents
- Write checks for residents
- Move any furniture in residents' rooms

*The Volunteers of Light of Hearts Villa,
bring themselves, their skills,
their love for the residents
and their commitment
to Light of Hearts Villa.*

*By sharing in the mission of Light of Hearts,
they express their love for God and others
by their varied ways of giving that enhances the lives of our residents.*

*Volunteers are a living witness of love and care
to those who have chosen the Light of Hearts Villa
for their home, spirituality, outreach, good neighbor.....*

Volunteer Application Form



Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Date of Birth: _____

E-Mail Address: _____

Employer: _____ Phone: _____

Address: _____

Occupation: _____

When are you available to Volunteer? Check all that apply:

1. Weekly Monthly Special Occasions
2. Day(s) of the week: Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday Flexible
3. Time(s) Available: Morning Afternoon Evening Flexible

Previous Volunteer Experience: _____

Hobbies or Special Interests: _____

Health Status (check 1) Excellent Good Fair Poor

Have you ever tested positive for tuberculosis (TB)? Yes No

Please list any health limitations: _____

In Case of an Emergency:

1) Name: _____ Relationship: _____

Telephone Number(s) _____

2) Name: _____ Relationship: _____

Telephone Number(s) _____



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