

### ***Junior Volunteer Duties and Responsibilities***

**One to one visit with Neighbors:** Reading, puzzles, conversing, reminisce, etc.

**Facility help:** Passing ice water, gardening, folding laundry, dietary set up, etc.

**Assist with daily activities:** Games, Sing-a-longs, Bingo, Special entertainment, Socials, Crafts etc.

**Outings:** Fishing, bus rides, Home and Garden show, Fair, Rodeo, Sporting events, Concerts, Shopping etc.

**Outside Activities:** Gardening, Bird feeding, Wheelchair rides, Picnics

**Special Events:** Hawaiian Luau, Neighborhood picnics, Fair, Swimming Party, End of year party for Jr. Volunteers

Please remember that you are here to make life more fulfilling for our Neighbors. We hope you will be their friends and do things to make their lives more enjoyable and fun while you are here.

**Shaire Chavez**  
**Eben Ezer Lutheran Care Center**  
**Volunteer Coordinator**  
**970-842-2861 ext. 9246**  
[schavez@ebenezer.org](mailto:schavez@ebenezer.org)  
[Volunteer@ebenezer-cares.org](mailto:Volunteer@ebenezer-cares.org)



**VOLUNTEERS MAKE US SMILE !!**

### ***Rules for Junior Volunteers***

You are responsible for your own transportation. Arrive to work **no more than 5 minutes** before your check-in time. Leave the grounds when your work time is over. (Make sure you are picked up within 10 minutes of the end of your work).

If you can't come in when you are scheduled, please call 842-2861 ext. 9246. Please state your name, your scheduled time and why you are unable to work. Please do not come in sick. If you have vomited, had diarrhea, a sore throat or a fever in the previous 24 hours please stay home.

Your immediate supervisor is the Community Outreach/Volunteer Coordinator Shaire Chavez. Please check in with your supervisor when you arrive each day and you will sign in every time you are here to volunteer. After checking in you will assist your Life Enrichment Coordinator out on the neighborhoods.

**Safety and Security:** We need to maintain safety at all times for volunteers, neighbors and staff. **ONLY** staff is authorized to assist neighbors in transferring or moving in their chairs in any way. Volunteers must never attempt to transfer or lift neighbors. Please report any neighbor's needs to nursing staff or activity staff.

**Dress Code:** Shorts may be worn but must be no more than 2-4 inches above the knee. Sandals or shoes with high heels or soles that will slip or mark the floor are not permitted. **Tennis shoes are recommended. Please wear your volunteer t-shirt and name tag at all times when on duty.** No artificial nails. (Too good of place for germs to hide)

Please do not bring anyone who is not a Jr. Volunteer to work with you.

While on Eben Ezer campus, **please do not run, talk – don't yell**, do not chew gum, and treat everyone with respect.

Knock before entering any room, when recognized; say your name and what you are there for. Respect the belongings of others. Please do not move or rearrange any items in neighbor's rooms. If a neighbor asks for assistance, please tell a staff person.

**Gifts-** Do not give "gifts" to neighbors or accept gifts of any kind.

Smoking, use of alcohol and illegal drugs, stealing or destruction of property are all causes for immediate dismissal and can be punishable by law.

**Bullying-Teasing,** Bullying can be lots of things, including hitting, pushing, name calling, threatening, teasing and lots of other nasty stuff that's done on purpose to hurt someone. Bullying is not acceptable in our facility.

***Junior Volunteer Application***

Please Print:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ School Grade: \_\_\_\_\_

Physical Limitations: (if any) \_\_\_\_\_

Overall health conditions: \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Please list two adult references ( not related to you) along with their phone numbers:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Past Volunteer experience \_\_\_\_\_

Special Skills or hobbies \_\_\_\_\_

Community affiliations (clubs, church, etc.) \_\_\_\_\_

Language other than English spoken \_\_\_\_\_

T-shirt size (adult size) \_\_\_\_\_

Applicant's signature \_\_\_\_\_

By signing this application, the parent or guardian gives permission for the applicant to participate in the junior volunteer program.

I give Eben Ezer Lutheran Care Center permission to obtain emergency medical care including calling and ambulance if necessary.

Child name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Junior Volunteer Photo Permission***

I \_\_\_\_\_, hereby grant my permission to appearing in Eben Ezer Lutheran Care Center's Phoebe newsletter and other promotional materials.

This gives Eben Ezer Lutheran Care Center the right to use any pictures or videos of my likeness in their promotional materials. I will request no monetary or any other type of compensation for my appearance.

Jr. Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***Junior Volunteer Outing Permission***

I give my permission for (print child's name) \_\_\_\_\_ to attend outings off the Eben Ezer campus as part of the Jr. Volunteer Program.

Parent Signature \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Date \_\_\_\_\_

***Confidential Information***

We at Eben Ezer Lutheran Care Center have an obligation to our neighbors' to maintain their confidentiality and respect their privacy. You must not share confidential information or happenings with anyone. Information is not to be shared with family, friends, or acquaintances. **Volunteers are not permitted to remove or make copies of Eben Ezer Lutheran Care Center's reports or records.**

Release of confidential information to unauthorized person can result in dismissal from service and could involve you in legal proceedings.

I hereby agree that all information received in the performance of my volunteer work for Eben Ezer Lutheran Care Center is confidential and I understand my responsibility.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***Violating any of these rules may be grounds for immediate dismissal***

I \_\_\_\_\_ understand and commit to the rules outlines in this policy of the Eben Ezer Lutheran Care Center Jr. Volunteer program.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***Parental Permission***

I \_\_\_\_\_ parent of \_\_\_\_\_ commit to supporting the rules of the

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Eben Ezer Community Outreach/Volunteer Coordinator

Date: \_\_\_\_\_ Signature: \_\_\_\_\_