

Select your preferred location:

- | | | |
|--|--|---|
| <input type="checkbox"/> Care Center (Elk River) | <input type="checkbox"/> By The Lake (Elk River) | <input type="checkbox"/> Senior Dining (Elk River) |
| <input type="checkbox"/> Riverview Landing (Otsego) | <input type="checkbox"/> Engel Haus (Albertville) | <input type="checkbox"/> Club GA (Elk River & Otsego) |
| <input type="checkbox"/> Pullman Place (Elk River) | <input type="checkbox"/> Woodbriar (Becker) | <input type="checkbox"/> Housing / Apartments (Elk River) |
| <input type="checkbox"/> Pine Cone Manor (Zimmerman) | <input type="checkbox"/> Pine Tree Manor (Zimmerman) | |

GROUP NAME AND REPRESENTATIVES CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ E-mail _____

GROUP INFORMATION: Please let us know about your group.

Are you affiliated with a school, corporation or other organization?

What are the goals or outcome you are hoping to achieve through volunteer service at Guardian Angels?

What is the group size? How many adults and how many youth? If youth are involved, what is the age range?

What type of activity or service are you hoping to provide to the residents of Guardian Angels?

What date(s) are you available? Are you seeking a one-time volunteer opportunity, or looking for reoccurring opportunities?

Please share any additional information that you feel could be helpful to us when determining a volunteer placement.

ACKNOWLEDGEMENT:

“If our group is selected to volunteer at Guardian Angels Senior Services, we understand that we may be exposed to confidential information and we are obligated to maintain the confidentiality of this information at all times, both during, and after our volunteer services.

We must follow **HIPAA COMPLIANCE** privacy practices and terms of confidential communication while serving as a volunteer. Our group members, member’s families, group leaders or group chaperones are not allowed to take pictures of residents with a cell phone or a camera at any time and we may not post pictures or information about a resident of Guardian Angels on any social media website.

HIPAA is a state and federal law that ensures that everyone’s Personal Health Information (PHI) is protected. Health information can be oral, written, or electronically sent. All **HIPAA** violations will be reported immediately to the local Police Department and the Minnesota Department of Health

We also understand that as a volunteer we cannot legally assist with residents care and will notify a designated staff member should such a situation arise.

We will not hold Guardian Angels Senior Services responsible for injuries or accidents that may occur during our time volunteering.”

Representatives Signature _____ Date _____

By signing as group representative, you are accepting the responsibility to inform and educate your group members, member’s families, group leaders and group chaperones of all acknowledgements listed above.

Please send completed application by mail or email to:

**Guardian Angels Senior Services
Volunteer Coordinator
508 Freeport Avenue NW Ste. A
Elk River, MN 55330
763-241-4460 | volunteer@ga-er.org**

Guardian Angels Mission Statement

Guardian Angels provides exceptional health care, housing and supportive services to seniors and their families in the spirit of Christ's love.

