



Charles E. Smith
LIFE COMMUNITIES

HEBREW HOME OF GREATER WASHINGTON • WASSERMAN & SMITH-KOGOD RESIDENCES
COHEN-ROSEN HOUSE • ELDERSAFE™ CENTER • HIRSH HEALTH CENTER
LANDOW HOUSE • REVITZ HOUSE • RING HOUSE

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer at Charles E. Smith Life Communities. Prior to what will hopefully be a rewarding and satisfying experience for you, we ask that you please read all the information contained in this packet and complete the necessary forms (marked with an *).

Step 1 - Complete Forms

1. Volunteer Application and Authorizations*
2. Reference Form* (Give this to a supervisor/coworker, teacher, or friend who has known you over 1 year, NO family members please)
3. Parental Permission Form for Volunteers age 10 -17*

Step 2 - Read Important Information

4. HIPAA/Confidentiality Information and Statement*
5. What Volunteers Need to Know
6. Volunteer Assurance Checklist*

Step 3 - Return your completed application

You may email your application to mayer@ceslc.org; fax to 301.770.8502 or mail it to:

Volunteer Program
Charles E. Smith Life Communities
6121 Montrose Road
Rockville, MD 20852

Step 4 - Please select an orientation date based on the schedule found of our web site and confirm which one you will be able to attend. If you need future dates, please email me at mayer@ceslc.org.

We look forward to welcoming you to our outstanding team of volunteers.

Sincerely,

Monica Mayer

Manager, Volunteers



VOLUNTEER APPLICATION

Print clearly or type.

Date: _____ Referred by: _____

Name: (Last) _____ (First) _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone (Home) _____ (Cell) _____

Email: _____

Parent's Email (for volunteers under 18): _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Please state your reason for wishing to volunteer at CESLC: _____

If the reason for volunteering is in any way related to a mandatory or a recommended volunteer effort to either reduce or obviate a "criminal act" (including Juvenile Court), we must be notified in advance of the charges. Further, if we are not notified in advance, we are under no obligation to supply a letter stating that the individual has completed the mandated or recommended community service hours.

Tell us about yourself

Date of birth: _____ Under age 13 Over age 18

Please note: *Children ages 12 and under must be accompanied by a parent or guardian, and adults 18+, including said parents or guardians, must complete a background check)*

Gender: Male Female

Availability:

Orientation you plan to attend: _____

When are you available to start volunteering? Please give a specific date: _____

What days/times are you available to volunteer? Please be as specific as possible:

(Days) _____ (Times) _____

Volunteer Interests:

- | | |
|---|---|
| <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Internships with the Rehabilitation team (<i>limited availability</i>) |
| <input type="checkbox"/> Adopt-a-Grandparent program | <input type="checkbox"/> Activities/Outings (trips) with the Recreation Therapy team |
| <input type="checkbox"/> Pastoral Care – daily/weekend services | <input type="checkbox"/> Manicures (file, paint, and lotion only) |
| <input type="checkbox"/> Administrative Assistance | <input type="checkbox"/> Pet Therapy with your certified pet therapy dog |
| <input type="checkbox"/> Escort Residents | <input type="checkbox"/> Translation Assistance |
| <input type="checkbox"/> Dining Room Assistance | <input type="checkbox"/> Gardening (spring/summer only) |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Resident Interviewer (weekdays 9–4 only) | |

Education

Highest degree attained: _____

If in school, what school are you attending? _____

Current grade: _____

Occupation

Work History (current and previous)

1. _____ Dates: _____

2. _____ Dates: _____

Interests and Skills

Hobbies, special skills, interests, or training:

Languages and level of proficiency:

Other volunteer activities:

Background

Do you have any physical, mental or medical limitations that may prevent you from performing any volunteer tasks? Do you have, or have you recently been exposed to any infectious disease? If yes, please explain:

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

Do you have a family member presently or formerly residing or working at Charles E. Smith Life Communities? If yes, please list name(s)/department(s):



AGREEMENTS AND AUTHORIZATIONS

Summer Youth Program Volunteers: I understand the importance of consistency and agree to be prompt on my scheduled days. If I cannot volunteer on a given day, I will notify the department to which I have been assigned. **I agree to volunteer at least 12 hours between June 1 and August 31 (4 hours a month) commencing with first day of service.**

Ongoing Program Volunteers: I understand the importance of consistency and agree to be prompt on my scheduled days. If I cannot volunteer on a given day, I will notify the department to which I have been assigned. **I agree to volunteer at least 4 hours a month during the course of one year, commencing with my first day of service.**

I authorize Charles E. Smith Life Communities to check my references, and to secure an Investigative Criminal Background Check, if applicable.

I (or my guardian) understand(s) that Charles E. Smith Life Communities **assumes no liability** while I volunteer on the premises or take part in volunteer activities.

I agree to abide by the Charles E. Smith Life Communities requirement for **confidentiality**. This means that I will **NOT** take pictures of residents and will only share private information with pertinent professional staff members, including the Volunteer Department, nursing staff, or social worker where I'm assigned.

I hereby affirm that my answers to the foregoing questions on the volunteer application are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

(OPTIONAL) I grant permission to Charles E. Smith Life Communities to use my name, voice, verbal statements, portraits, or picture (video or still) in newspapers, magazines, television, website and other electronic media, including the Internet.

Full name (as it appears on your Social Security card):

Signature: _____ Date _____

[This application is not to be considered an offer for a volunteer position at Charles E. Smith Life Communities.]



PARENTAL PERMISSION FORM

Required of all applicants under the age of 18. Volunteers under the age of 12 must be accompanied by a parent or guardian.

I give my son/daughter permission to serve as a junior volunteer at Charles E. Smith Life Communities. I understand that he/she will function independently, within the purview of Charles E. Smith Life Communities, and with minimal supervision.

SUMMER ONLY: My son/daughter is committed to performing at least 12 hours of community service at Charles E. Smith Life Communities during the summer volunteer program (June 1 – August 31), commencing with the first day of service.

I grant permission to Charles E. Smith Life Communities to use my son's/daughter's name, voice, verbal statements, portraits, or picture (video or still) in newspapers, magazines, television, website and other electronic media, including the Internet.

Name of Youth Volunteer: (Print) _____ Age: _____

Parent/Guardian (Please print): _____

Parent/Guardian Signature: _____ Date: _____



ABOUT CONFIDENTIALITY

What is HIPAA?

We try our best to give residents the highest quality health care.

As part of the promise to care for them, we keep information about their health private. Once, this promise was simply part of the health care's code of ethics, but now, under a national law that went into effect in 2003, it is illegal to violate this code. This law, the Health Insurance Portability and Accountability Act, or "HIPAA," includes punishments (jail time or fines) for anyone caught violating resident privacy.

What should be kept confidential?

All information about residents is considered private whether written on paper, saved in a computer, or spoken aloud. This includes their name, address, age, social security number, and any other personal information. It also includes the reason the resident is sick and in the facility, the treatments and medications he or she receives, caregiver's notes and information about past health conditions.

If you reveal any of this information to someone who does not need to know it, you have violated a patient's confidentiality, and you have broken the law!

What you "need to know."

Most of HIPAA is common sense. Just follow the simple "need to know" rule. If you need to see resident information to perform your job, you are allowed to do so. But before looking at a resident's health information or sharing that information with someone, ask yourself one simple question: "Do I need to know this to do my assignment?" If the answer is no, stop. If the answer is yes, you have nothing to worry about.

What if you could not help overhearing confidential information?

Not all information is locked up in a file room or protected by passwords in a computer. You may overhear private health information as you do your day-to-day tasks. As long as you keep it to yourself, you have nothing to worry about.

Even trash is private.

Resident information stored on paper or a computer disk should never be thrown into an open trash can. The reason is simple: no one knows who might end up seeing the trash once it leaves the building. If you see resident information in an open trash container, take the information to a supervisor. The supervisor can get rid of it properly, either into a locked bin or directly into a paper shredder.

Where do I go if I have questions about HIPAA?

Every health care facility must have a privacy officer. The privacy officer for the Hebrew Home is Jackie Vance. She can be reached at 301.770.8468. We also have a Corporate Compliance Hotline: 301.998.8796. In addition, you may talk to your volunteer supervisor if you have questions about HIPAA. If you spot someone breaking the rules, you must report the violation to a supervisor or directly to the privacy officer. You should feel comfortable going to either of them with questions about how to follow the privacy rule.

HIPAA'S DAILY DOs

- Before looking at resident health information, ask yourself: “Do I need to know this to do my volunteer assignment?”
- Tell a supervisor if you notice resident information left unattended in, for example, an open trash container, at a copy machine, or in the lunch room.
- Report anyone you see breaking the rules to a supervisor or the facility’s privacy officer.
- Refer questions asked by family members or residents to a charge nurse or supervisor.
- Remember to keep all resident information private or confidential.
- When sharing private resident information with a charge nurse or social worker, make sure that you are in a spot where others may not overhear you or see what you may be writing.

HIPAA'S DAILY DON'Ts

- Don't talk about residents in public places, such as hallways, elevators or lunch rooms.
- Don't take pictures of residents.
- Don't leave phone message about resident's health with anyone but the person whom you are trying to reach.
- Don't share information about a resident with anyone except the charge nurse or social worker.
- Don't leave medical records or resident information unattended.
- Don't give sealed envelope that contains resident health information to anyone other than the designated person.
- Don't throw any resident information in the trash. Dispose in a special bin.



CONFIDENTIALITY STATEMENT

This policy statement and understanding is to include but not limited to employees, volunteers, physicians, temporary staff and third parties.

It is the policy of the Charles E. Smith Life Communities (CESLC), system to respect and protect the privacy rights of patients, residents, their families, staff and third parties. ALL information, either hard copy, electronic or verbal, associated protected health information as defined by the Health Insurance Portability Accountability Act (HIPAA) contained in the medical records, staff files, computer bank/systems, research, financial performance improvement, risk management, human resources and information of any kind involving Protected Health Information (PHI) is to kept strictly confidential.

In addition, any information about the Hebrew Home of Greater Washington system business, residents (patients), families, staff or third parties (and/or agents thereof) which is disclosed or becomes known in the course of doing one's job, must be kept confidential.

Anyone who is authorized to access the electronic patient/resident/employee records by use of a confidential password will not permit the password to be used by any other unauthorized person(s).

Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the Director of the department immediately. The information will be presented to the VP of Human Resources and the Privacy Officer for review and further appropriate action.

Significant trust is placed upon all individuals who have access to confidential and sensitive information. With this trust comes a high level of responsibility. Therefore, it is the expectation of the Charles E. Smith Life Communities (CESLC), system for all individuals to understand thoroughly that violation of any aspect of this policy will result in corrective action and/or possible termination.

I have read and understand the above statements.

Print Name: _____

Signature: _____ Date: _____

Please send all forms to:

Volunteer Program
Charles E. Smith Life Communities
6121 Montrose Road
Rockville, MD 20852
Email: mayer@ceslc.org Fax: 301.770.8502

What Volunteers Need to Know

*If you have a question or a problem while volunteering,
speak with Volunteer Department staff or to your on-site supervisor.*

| | |
|---|--|
| <p>What is the mission of Charles E. Smith Life Communities?</p> | <p>To fulfill Jewish values by providing provide quality services for elders and their families, and affirm our commitment to the dignity of each individual.</p> |
| <p>What do you need to know if you discover smoke or fire?</p> | <p>The procedure is R-A-C-E:</p> <p>Rescue: Evacuate residents in immediate danger.</p> <p>Alarm: Activate the fire alarm system.</p> <p>Confine: Confine the area of the fire by closing the door to the room in which fire or smoke is detected.</p> <p>Extinguish: Extinguish the fire using the fire extinguishers located in the halls. (Only to save someone’s life and if fire is no larger than a small wastebasket.)</p> <p>In the event of a disaster or emergency, an Emergency Control Center will be established.</p> |
| <p>What are “Resident Rights?”</p> | <p>In healthcare settings, residents are protected by law:</p> <ul style="list-style-type: none"> • To be treated with dignity and respect—with care and caring. • To receive care which is adequate and appropriate. • To privacy—knock when entering a resident's room. • To confidentiality—protect personal information. <ul style="list-style-type: none"> • Do not talk about our residents by name to anyone outside the campus. • Information should be shared only with pertinent professional staff members such as the Volunteer Department staff, a nurse manager, or social worker. • To freedom from abuse—both physical and verbal. • To refuse care or treatment. • To participate in decision-making. |
| <p>What is the policy on hazardous materials?</p> | <p>The Material Safety Data Sheet (MSDS) explains safety and spill clean-up procedures for chemicals. It is posted in each department, at the front desk, and in the Employee Health office. Avoid all contact with hazardous materials.</p> |
| <p>What is the policy on harrassment?</p> | <p>We are committed to an environment that is free of discrimination and harassment. Actions, words, jokes, or unwelcome comments based on an individual’s sex, race, color, ethnicity, age, religion, national ancestry, marital status, disability, or any other legally protected characteristic will not be tolerated.</p> |

You must report to the Volunteer Department any incident of sexual or other type of harassment and/or abuse. You may raise concerns and make reports without fear of reprisal.

What is an “Event Report?”

This report is completed after an accident or a situation that results in injury. First, seek care and assistance for the injury and then report it to the Volunteer Department and to your volunteer supervisor. You will be asked to assist in completing the Event Report.

What do you do if you have a concern about health or safety?

Report any unsafe, unhealthy, hazardous conditions, work-related accidents or injuries immediately. Speak to the nearest staff member and the director of the Volunteer Department.

What is the best method for controlling infection?

Proper hand washing is the best method to stop infection from spreading. Wash your hands before and after going to the bathroom, blowing your nose, covering your mouth to cough, taking care of a resident, preparing food, and eating your food.

Apply soap and scrub vigorously for 15–20 seconds. Rinse and dry with paper towels. Use a paper towel to turn off the water taps and open the door then discard the paper towel. Avoid exposure to blood, excretions, secretions and non-intact skin. Report all exposures to the Volunteer Department staff.

Sanitation stations are also available at all front desks and throughout the buildings.

What are the emergency codes?

- Code Red** = Fire
- Code Orange** = Bomb Threat
- Code Purple** = Wandering Resident
- Code Yellow** = Missing Resident
- Code Black** = Armed Intruder

What are procedures for escorting residents to therapy or activities?

- Go to the Nurses Station and tell the nurse the name of the resident being escorted off the unit.
- Knock on the resident’s door; only go in if the resident invites you. Tell the resident who you are and why you are there. For example: “My name is Jordan; I am here to take you to therapy.”
- If the resident refuses, don’t argue or try to convince them. Notify the staff both on the unit and, if applicable, in Recreation Therapy or Physical Therapy.
- If the resident is not ready, i.e. not dressed or not in the wheelchair, notify staff. Do not assist the resident in/out of their wheelchair.

- When returning residents to their unit, leave them at the Nurses Station and tell staff the name of the residents you have returned. Do not take residents to their room or to the dining room.

What is the procedure for serving food or refreshments?

Always check with staff to determine what the resident may eat or drink. Don't make any assumptions, even if the resident insists that they can have "everything."

What are wheelchair safety procedures?

When you "park" someone, always lock both wheel brakes. These are located on either side of the chair near the wheels. If you need help, ask a staff member. Drive carefully and avoid hitting walls. Back into elevators so you can push the wheelchair out when the doors open.

If you have a complaint or if a resident has a complaint, what do you do?

Speak to the Volunteer Department staff. Charles E. Smith Life Communities has a formal complaint procedure, and we are committed to responding to concerns.

What should you do if a Surveyor or Inspector asks you questions?

If you are asked a question and you do not know the answer, please say that you may not know the answer, but you do know where it can be found. Many answers are in the Summary Flip Chart, located in the Volunteer sign-in area (both buildings) and throughout the Hebrew Home. You may also say that you will ask a staff member for assistance.

What is the dress code?

Remember you are visiting someone in their home!
NAME BADGES ARE REQUIRED (for security).
 Jeans are acceptable with no holes or patches.
 Closed toed shoes are required if you work around the residents.
 No low cut v-neck tops, shirts with writing (logos are ok), miniskirts or short shorts.
 On major Jewish holidays, please wear nice pants and a dress shirt/sweater.
 Think: If your parents/grandparents wouldn't let you out of the house wearing it, don't wear it here!

Can I take pictures?

Please do not take any pictures or videos! We can not post photos/videos on social media or elsewhere without proper consent and that consent does not always come from the resident. Using pictures/videos without consent would be considered a HIPAA violation!



NEW VOLUNTEER CHECKLIST

You are well on your way to becoming a volunteer at Charles E. Smith Life Communities.

We can't wait to start working with you!

Steps Completed:

- Completed and submitted my application
- Gave reference form to my reference
- Read HIPAA/Confidentiality information **and** signed confidentiality statement
- Read "What Volunteers Need to Know"
- Confirmed orientation date
- Completed background check (if 18+)

I am familiar with this essential information:

- Mission
- Resident's Rights, including confidentiality
- Wheelchair safety
- Emergencies/Fire/Health/Safety
- Hazardous Materials and Infection Control
- Harassment

Name (Please print): _____

Signature: _____ Date: _____

Phone: (Home) _____ (Cell) _____

Email: _____



VOLUNTEER REFERENCE FORM

To be completed by a supervisor, teacher, counselor, clergy, or an adult non-family member who knows the applicant over 1 year. Please print clearly or type.

Volunteer Applicant: _____ Date: _____

Reference, Name & Title: _____

The individual named above has applied to become a volunteer at Charles E. Smith Life Communities. Your name was given as a personal reference. Please check the appropriate boxes that best describe the qualities that you have observed in the applicant. Your assessment will be kept confidential.

| Traits | SUPERIOR | GOOD | AVERAGE | FAIR | POOR | N/A |
|-------------------------|--------------------------|------|--------------------------|------|------|-----|
| Cooperation with others | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Responsibility | | | | | | |
| Dependability | | | | | | |
| Punctuality | | | | | | |
| Maturity | | | | | | |
| Honesty & Integrity | | | | | | |
| Enthusiasm | | | | | | |

1. How long have you known the applicant and what is the relationship?

2. Would you recommend this person to work with the elderly?

3. Additional comments:

Name (please print): _____ Signature: _____

Address: _____

Please return this form in a sealed envelope to the applicant or mail to:

Volunteer Program
Charles E. Smith Life Communities
6121 Montrose Road
Rockville, MD 20852
Email: mayer@ceslc.org