



LIFESPAN RESPITE
A Program of The Arc of Jackson County
Volunteer Application Form

Lifespan Respite
2860 State Street
Medford OR 97504
(541) 821-8764 (Phone) 776-6215 (Fax)

Lifespan Respite is a program of The Arc of Jackson County. One of our goals is to provide affordable respite care. It is hoped that the innovative approach of a center based Respite Program help to meet this goal for Jackson County residents. By helping others, participants will help themselves. This is a program that also needs community support, and these services would not be possible without the generous participation by volunteers like you. Our organization, and the people we serve, appreciates your interest in becoming a volunteer in our program. To ensure quality programming and to guard against the high incidence in our society of physical, sexual and psychological abuse, all volunteers are required to complete this application. Your permission is also required to allow verification of all information given. Thank you for your cooperation.

Name _____ Date _____

Mailing Address _____ City/State/Zip _____

Day Phone _____ Evening Phone _____ Email _____

Sponsoring Organization, i.e.: Corporation, School, etc. _____

Organization Contact Person _____ Phone _____

How long have you lived in Oregon _____ Other states you have lived in _____

1. How did you hear about the Lifespan Respite's volunteer opportunities? _____

2. Why do you want to volunteer for the respite program? _____

3. Do you prefer to work with adults? ___ Seniors? ___ Children? ___ Doesn't matter ___

4. Do you have experience with individuals or groups with special needs? Adults [] Seniors [] Children []
Physical Disabilities ___ MS ___ MD ___ Polio ___ CP ___ T.B.I. ___
Mental Retardation ___ Autism ___ Seizures ___ ADHD/ADD ___ Vision Impaired/Blind ___
Hearing Impaired/Deaf ___ Learning Disabilities ___ Speech/Language ___ Alzheimer's/Dementia ___
Emotional Disabilities/Mental Health ___ Stroke ___ Infectious diseases ___
Other ___ Please specify _____

5. What type of related work experiences have you had? _____

What volunteer experiences have you had? _____

6. What activities do you most enjoy? Identify specifics.
Creative Arts/crafts ___ Aquatics ___ Meeting New People ___
Trivia ___ Outdoor activities ___ Visiting ___
Music: Sing/Play ___ Table/board games/cards ___ Other:
Home Decoration ___ Cooking ___
Team Sports /Active Games ___ Bingo ___
Exercising ___ Collections ___
Read/Learn new things ___ Dance/Drama ___

7. Do you speak any other languages? Yes No
 Language _____ Limited Fair Fluent
 Language _____ Limited Fair Fluent
 Sign Language _____ Limited Fair Fluent
8. Do you have First Aid Training? Yes No Expiration date _____
- CPR Training? Yes No Expiration date _____
- Other Training (certificates, etc.) Please List _____

REFERENCES: Please list **three** references, including a former employer: **YOUTH:** list 1 teacher, counselor, adult friend

- | | |
|---|---|
| <p>1. _____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone: _____ Cell _____</p> | <p>2. _____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone: _____ Cell _____</p> |
| <p>3. _____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone: _____ Cell _____</p> | |

SPECIAL CONSIDERATIONS

- Are there any specific activities you cannot or will not participate in? ___ Yes ___ No
 List: (be specific) _____
- Do you have lifting restrictions? ___ Yes ___ No Be specific _____
- Are there days when you cannot volunteer? List (Be specific) _____

GENERAL INFORMATION

Have you ever been employed or attended school using any other name? Yes No

If yes, please explain: _____

Race/Ethnicity (optional)

Asian American _____	African American _____	Multiple-Racial Heritage _____
Native American _____	Caucasian _____	
Other (specify) _____	Hispanic/Latino _____	

Lifespan Respite
A Program of The Arc of Jackson County

VOLUNTEER RELEASE FORM

Please read carefully, initial each paragraph and sign below:

Initial I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of volunteer relationship.

Initial I understand that consideration for volunteer positions are contingent on the results of a reference and a criminal history background check. I authorize the Arc of Jackson County to discuss the results of any investigation with all of their employees and staff who are involved in the volunteer recruitment process.

Initial I authorize The Arc of Jackson County to thoroughly investigate my references, work record, education and other matters related to my suitability for volunteering, and further authorize the references I have listed to disclose to The Arc of Jackson County any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release The Arc of Jackson County, Jackson County, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial I authorize the Arc of Jackson County through the state of Oregon Justice to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the convictions. I understand the State of Oregon will approve my final fitness determination. If under 16 years of age. Jackson County Community Justice will do a criminal history verification and report findings to the Arc of Jackson County, who will make the fitness determination for volunteering.

Initial I will abide by the rules and policies of The Arc of Jackson County. I understand that volunteer placement can be terminated at any time, with or without cause, and with or without notice, at the option of The Arc of Jackson County or myself.

CONFIDENTIALITY BINDER

The Arc of Jackson County's programs recognize and insist that all clients, volunteers and caregivers' rights to confidentiality must be fully protected. Therefore, I hereby agree to keep all medical and personal information regarding program clients and their families or guardians confidential. I will not discuss such information with my family, friends or casual acquaintances or use in written form any identifying information such as name, birth date, distinguishing characteristics or description of the child/participant.

Yes _____ **No** _____

PHOTO RELEASE

I understand that photos or videos may be taken during the program showing participants and volunteers in their usual activities. These photos and videos will be used by The Arc of Jackson County for promotional and/or educational purposes. I give personal permission for photographs or videos.

Yes _____ **No** _____

Volunteer Signature

Date

Printed Name

I certify that I am the parent or legal guardian for the applicant (if the applicant is a minor). I certify that all the information in this application is true and accurate to the best of my knowledge.

Signature of Parent or Guardian, if volunteer is a minor

Releases continues on Next Page

~Lifespan Respite~
A Program of the Arc of Jackson County
VOLUNTEER INFORMATION SHEET

In case there is an emergency while you are volunteering for Lifespan Respite, the Arc of Jackson County program, please provide the following information. All information provided is confidential.

NAME:	DATE:
ADDRESS:	PHONE(S):

In case of emergency notify:

<u>NAME</u>	<u>PHONE(S)</u>	<u>RELATIONSHIP</u>
1)		
2)		
3)		

IS THERE ANYTHING OF A MEDICAL OR PERSONAL NATURE WE SHOULD KNOW IN CASE OF AN EMERGENCY?

KNOWN ALLERGIES:

IN CASE OF AN EMERGENCY, IS THERE A HOSPITAL YOU PREFER FOR TREATMENT?

NAME:	LOCATION:	PHONE:
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Volunteer Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	
Parent/Guardian Signature, if minor	Date	

Lifespan Respite

A Program of the Arc of Jackson County

VOLUNTEER RELEASE FORM – Page 2

RELEASE AND WAIVER: In the consideration of the permission granted by The Arc of Jackson County for _____ (Respite Volunteer) to participate in activities at the Respite Cooperative, the undersigned hereby releases and waives any and all claims which could be asserted against The Arc of Jackson County, Barnett Woods , Alta West, LLC, the Rogue Valley YMCA, and their officers, agents and employees (the “Released Parties”) by the volunteer, his/her personal representative, heir(s), on account of injury to or death of the participant, or damage to the property of the participant arising out of the volunteer’s participation in activities at Respite Cooperative.

Signature of Volunteer: _____ **Date:** _____

Signature: _____ **Date:** _____

(Parent or Legal Guardian signature required, if volunteer is under 18 years of age)

Youth Volunteer Only Sign offs:

Parent or Guardian Authorization for Medical Care and Consent to Agreement : In case of injury or illness, appropriate staff will contact the parent or legal guardian of _____ (Respite Volunteer), and if the parent or legal guardian is unavailable, appropriate staff will contact the emergency medical contact(s) provided for the Volunteer. The undersigned hereby consents and authorizes appropriate staff to take any steps deemed necessary in the event of any medical emergency. The undersigned agrees to be personally responsible for the costs of any emergency transportation and/or medical care deemed reasonably necessary, and waives and releases any claim relating to such care that could be alleged against The Arc of Jackson County. The Arc of Jackson County shall have the right to refuse or terminate the Volunteer’s participation in the event that such Volunteer shows symptoms of any contagious illness (flu, cold, etc.) at the time of the program.

Signature: _____ **Date:** _____

(Parent or Legal Guardian signature required, if volunteer is under 18 years of age)

Print Name: _____