

Masonicare

Health Center

22 Masonic Avenue, Wallingford, CT 06492
203-679-5900 · www.masonicare.org

Dear Prospective Junior Volunteer,

Thank you for your interest in volunteering at Masonicare! As we are a skilled nursing facility, we have mandated requirements by the state of Connecticut for all volunteers. This application meets the state requirements.

Please use this checklist as a guide for completing the volunteer application packet:

- Completely fill out the application.
- Have someone complete the recommendation form on your behalf.
- Complete the permission form authorizing a background check.
- Agree to volunteer for a minimum of 50 hours a year.
- Return completed materials to Chaplain Lynne Ford.

Once your application is processed, we will contact you to schedule the following:

- A TST test (to test for tuberculosis).
 - This can be administered free of charge in our clinic or by your physician.
- A flu shot, if applicable.
 - Opportunities to receive the flu shot free of charge are available at MHC. Flu shots administered at other locations are accepted; a copy of the paperwork or a letter from the provider administering the flu shot is required.
- An orientation.
- Surgical Masks may be required to be worn at certain times in the building.
- Weekly PCR (nose swab) Covid Testing may be required under certain conditions.

Please call Chaplain Lynne at (203) 679-6259, or email her at lford@Masonicare.org if you have any questions. We look forward to working with you!

Chaplain Lynne Ford
Volunteer Supervisor

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Junior Volunteer Dress Code

Junior volunteers are expected to adhere to the dress code at all times. Please make sure to plan ahead for appropriate attire. If a volunteer is not dressed appropriately, the volunteer will be asked to go home and change.

Dress Code:

- **Shirts:**
 - Blue “Masonicare Volunteer” polo shirts (issued after orientation).
 - Royal blue sleeved shirt or polo (if Masonicare polo is unable to be worn.)
 - NO tank tops or other types of thin strapped tops are allowed.

- **Long Pants:**
 - YES: Clean jeans are allowed, but must not have any rips or tears in the fabric.
 - YES: Khaki pants and cargo pants are allowed.
 - NO leggings or yoga pants are allowed.
 - NO sweatpants.

- **Shorts and Skirts:**
 - Shorts must not have holes or tears in the fabric.
 - Shorts must not be athletic style: no spandex, no leggings or yoga material, no sweatpants materials.
 - Jean shorts are acceptable if they are below the knee and do not have rips or tears.

- **Appearance:**
 - Long hair must be tied back or put up.
 - Please refrain from wearing perfume or heavily scented lotions. The residents are very sensitive to scents and this can be too much for them.
 - All volunteers are required to wear their ID badge at all times.
 - All volunteers are required to wear closed-toed shoes.

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Junior Volunteer Application
(Ages 15—17 use this Application)

Today's Date: _____

CONTACT INFORMATION

Full Name: _____ Date of Birth: _____ Current Age: _____

Address: _____ Town: _____ Zip Code: _____

Email: _____ Home Phone: _____ Cell: _____

1. Emergency Contact:

Name Relationship Phone Number(s)

2. Emergency Contact:

Name Relationship Phone Number(s)

Do you have any physical, mental or medical conditions which prevent you from performing certain types of work? (Please Check) Yes No

If Yes, please explain: _____

Do you have any medical conditions you would like us to be aware of, in case of emergency? Yes No

-
- I have answered each question fully and correctly.
 - I agree to respect the rights and confidentiality of the residents and patients.
 - I understand I am volunteering on my own free will, and understand the responsibilities and expectations that are required of me.
 - I commit to adhere to all policies and procedures that Masonicare requires, including dress code and person conduct. I understand that my volunteer role may be terminated at any time.

PLEASE BE AWARE:

Masonicare's volunteers are required to commit and complete a minimum of 50 hours for the year. If you need less than 50 hours of volunteer time, please understand that you would either need to commit to the 50 hours OR seek another location to complete your required hours. **The Volunteer Department will only provide letters of hour completion, or sign off on hour time sheets, once the 50 (or more) hours are completed. Thank you for your understanding!***

Jr. Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Dear Parent/Guardian(s),

Your teen has expressed an interest in becoming a volunteer at Masonicare Health Center (MHC). Please take a few moments with your teen to look over the information we have provided, including requirements, application, and related forms.

Assisting your teen with the initial decision, discussing whether she/he can realistically add an activity to her or his schedule, and figuring out transportation are good places to start.

The volunteer staff works hard to try to make teen volunteer experiences rewarding as well as educational. If you have questions or additional concerns, please call Volunteer Services at 203-679-6253.

PARENTAL/GUARDIAN PERMISSION:

(Teen's Name) _____ has my (our) consent to serve as a **Junior Volunteer** at Masonicare Health Center and is 15 years of age or older. I am aware that I am responsible for the transportation of my teen to and from MHC, for assigned volunteer hours and together we are making a commitment to complete assigned schedule, with at least a 50 hour total commitment. We have discussed the importance of maintaining accountability with schedule, tasks, dress code, and working on developing a positive, professional attitude while at MHC. (Please check all that apply:)

- The Volunteer Program of MHC **MAY** **MAY NOT** (*check one*) use my child's name and photo of volunteering in our MHC volunteer newsletter and occasionally on bulletin boards or posters for open-houses or recruitment events.
 - I grant permission for my teen to receive one (1) Tuberculin Skin Test (TST) for Tuberculosis, should s/he be accepted for the program. S/he will also be asked to complete a TB symptom evaluation and risk assessment related to the administration of the TST, at the time of administration.
 - I grant permission for my teen to participate in Covid-19 testing that is mandated of volunteers by the MHC Administration; including Antigen Testing ("Rapid Test") and/or PCR Testing. S/he will also be asked to complete the Covid-19 Antigen Testing Form at the time of administration.
 - My child has the following conditions: _____
 - The following accommodations are needed: _____
- OR
- I consent that my child is in good health. They have no physical, mental or medical conditions which would prevent them from performing certain duties.

I consent to my teen receiving first aid medical care. For all medical emergencies 911 will be called. My consent does not replace the volunteer's regular physician.

Parent/guardian Signature: _____

Parent/guardian Print Name: _____

Date: _____

EDUCATION & EXPERIENCE

Current School: _____ Town: _____

What year are you in? *Freshman Sophomore Junior Senior* Year of Expected Graduation: _____

Please list any extra-curricular activities you participate(d) in:

Do you have any prior volunteer experience? Yes No Where? _____

Do you currently have a paid job? Yes No Where? _____

Personal Statement: Why are you interested in volunteering at the Masonicare Health Center?

ADDITIONAL INFORMATION

Would you like to work with people? (Check) Residents Children Both Neither

What Masonicare Departments or Programs are you MOST interested in working with?

1. _____ 2. _____

What Profession(s) or Career(s) at you most interested in going into? (Check all that apply.)

Healthcare/Allied Health Engineering Education Computer/IT Recreation Music
 Law Enforcement/Criminal Justice Arts Science Business Finance
 Hospitality Services Spiritual Services Other: _____

Do you have any special talents, interests or hobbies? (Check all that apply.) Dance Singing

Photography Manicures Organizing Graphic Design/Computers Playing Instrument: _____
 Social Media Other: _____

AVAILABILITY FOR VOLUNTEERING

Available Start Date: _____ Expected End Date: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Frame:							

Are you required to volunteer? (Check) Yes No

If yes, what is the requirement for? (Check) Community Service School Related Court Ordered

What are the requirements? What are the reasons you need hours? _____

How many hours do you need to complete? _____ When are they due? _____

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Junior Volunteer Application

Applicant's Name: _____

Reference Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

The person listed above has applied to be a volunteer at Masonicare Health Center. Please take a few moments to tell us about your experience with the applicant. This will help us evaluate the applicant's abilities and suitability for this kind of volunteer work. A volunteer does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement.

Please check the column that most accurately describes the candidate:

	Above Average	Average	Below Average
Dependable			
Able to Communicate Clearly and Effectively			
Flexible			
Able to follow Instructions Carefully			
Honesty/Trustworthiness			
Able to deal with the Public Appropriately			
Able to work Independently			
Able to work with a Group			
Helpful Attitude			

Would you recommend this person to volunteer with us?

Can this person deal with sensitive issues regarding elderly residents?

Is there anything else you would like to share with us?

Please return this form to: Masonicare Health Center
 Volunteer Services Department
 22 Masonic Avenue
 Wallingford, CT 06492 Or by email: MHCVolunteerDept@masonicare.org

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Frequently Asked Questions

Q: What age do you have to be to volunteer?

A: Junior volunteers must be 15 years old or older.

Q: What do I have to do to volunteer?

A: Each volunteer must complete the following:

- Complete an application.
- Schedule an interview.
- Attend an orientation, and complete a written test given at the end of orientation.
- Have parental consent to receive a PPD tests (given for free in our clinic). PPD must be read within the designated timeframe.
- Volunteers are required to make a commitment to come in for a given assignment on a particular day and time each week. Transportation arrangement is critical.
- All volunteers are expected to follow all rules at MHC, including dress code, accountability with schedule and assignment, and developing professional attitude and demonstrating appropriate conduct. Have a positive attitude and enjoy this experience!

Q: What are the hours for volunteering?

A: The hours depend on your assignment. Most assignments are between 9a and 8:30p.

Q: Do I get to choose what I do?

A: Volunteers will be given a list of current openings when they attend orientation. You'll be asked to list your first choice, second choice, and third choice. We do our best to match you with the assignment of your choice.

Q: What type of jobs do volunteers do?

A: Openings typically include:

- Helping on the Long Term Care & Memory Care Communities
- Child Development Center (daycare).
- Sunday Church Services.
- Assist in the Therapeutic Recreation department with resident activities.
- Tuesday night & Saturday afternoon musical entertainment concerts.
- Thursday Evening Concerts (Summer Time).
- Working the Café & Cafeteria.
- Clerical work for various Departments.
- Transporting residents by wheelchair for the Beauty Shop, Radiology, Physical Therapy Dept., and many other activities.
- There are usually limited openings for the Maintenance, IT, Marketing, and in Environmental Services. Please ask about these jobs if you're interested.