



Dear Volunteer,

The staff at On With Life is pleased that your group is interested in our volunteer program. We strive to offer volunteers the opportunity to assist persons served (patients) and their families and friends in an understanding and caring environment.

The following procedure is required:

- 1) Complete Application
- 2) Sign Release of Liability and Confidentiality Agreement
- 3) Return all Forms to the Volunteer Coordinator
- 4) Sign-in Each Time You Volunteer
- 5) Wear Volunteer ID Tags on Each Visit
- 6) Memorize the Code for the Security System
- 7) Wash Hands Before and After You Volunteer with a Person Served/Patient

I would be glad to discuss projects as they arise (either ideas from you or needs we may have). If you are volunteering on the weekend or after 4:30 p.m., you will need to enter the first set of doors (nursing area) and a “volunteer” sign-in sheet is there as well. Date, hours volunteered, and number of volunteer participants can also be emailed to me.

Thank you again for your interest in the On With life volunteer program and do not hesitate to contact me if your have any questions.

Sincerely,

*Ann Lenaghan*

Ann Lenaghan, Volunteer Coordinator  
On With Life at Ankeny  
Tel: 515-965-1339 ext. 200  
[alenaghan@onwithlife.org](mailto:alenaghan@onwithlife.org)



**Group Volunteer Information**  
 715 SW Ankeny Road  
 Ankeny, IA 50023-9978  
 (515) 965-1339, Ext. 200

The following information will help is to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing this application is most appreciated. All applicants are considered without regard for race, color, religion, sexual orientation.

Group Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rep Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Why do you want to volunteer at On With Life? \_\_\_\_\_

**Interests:**

Is there a particular type of volunteer work your group is interested in? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> One-to-One Companionship                     | <input type="checkbox"/> Cut/Trim Hair/Licensed Hair Stylist |
| <input type="checkbox"/> Entertainment                                | <input type="checkbox"/> Computer/Data Entry                 |
| <input type="checkbox"/> Community Outings                            | <input type="checkbox"/> Fund Raising Projects               |
| <input type="checkbox"/> Assisting with Group Activities              | <input type="checkbox"/> Clerical Assistance                 |
| <input type="checkbox"/> Recreational Activities: Nights and Weekends | <input type="checkbox"/> Gardening Projects                  |
| <input type="checkbox"/> Swimming Assistance                          | <input type="checkbox"/> Bulk Mail Group                     |
| <input type="checkbox"/> Music Therapy Assistance                     | <input type="checkbox"/> Painting Projects                   |
| <input type="checkbox"/> Photography/Video                            | <input type="checkbox"/> Grounds Keeping                     |
| <input type="checkbox"/> Crafts                                       | <input type="checkbox"/> Cleaning Vehicles                   |
| <input type="checkbox"/> Special Event Projects                       | <input type="checkbox"/> Prayer Partners                     |

Special project in mind, skills, interests, and hobbies:

---



---

**Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

We would like to volunteer \_\_\_\_\_ Hours \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Upon Request

Will you need verification of volunteer hours? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, why? \_\_\_\_\_

How did you hear about volunteer opportunities at On With Life?

- \_\_\_ Radio
- \_\_\_ School
- \_\_\_ Newspaper
- \_\_\_ Work
- \_\_\_ Another Volunteer
- \_\_\_ Another Medical Facility
- \_\_\_ Other. Please List \_\_\_\_\_

Have you ever volunteered at On With Life before? \_\_\_\_\_ When? \_\_\_\_\_

**Group Rep:** Do you have a record of founded child abuse or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state, not including traffic tickets (a conviction is not necessarily a bar to volunteerism)?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please give detailed explanation including dates, locations, and nature of the offense.

---

---

*I agree to abide by the policies and procedures of On With Life and will respect the confidentiality of information concerning the persons served which I may learn during the course of my volunteer service. I understand that my volunteer experience can be terminated at any time.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## On With Life Volunteer Media Release Form

I, the undersigned, do hereby give and grant permission to On With Life to use \_\_\_\_\_ name, picture(s), volunteer statement, and biographical history in *The Headway* (a quarterly newsletter published by the Corporate Office of On With Life), Public Relations & Volunteer Bulletin Boards within the facility (for recognizing current volunteers and recruiting new volunteers), or in printed materials (including brochures and display photos) for the purpose of marketing On With Life's volunteer program and services to the general public.

**Date:** \_\_\_\_\_

**Name** *(Please Print)* \_\_\_\_\_

**Signature of Group Rep:** \_\_\_\_\_



## Confidentiality Agreement

Statement of Policy: All On With Life staff/students/volunteers/contractors will preserve the confidentiality of persons served, employee and medical record information. Unauthorized release, inappropriate exchange or mishandling of confidential information is a source of potential liability and is subject to disciplinary action.

Procedure:

- 1) Confidential information includes the person's served medical record, computerized person served/resident/employee information, clinic documents (unless designated for public distribution/posting), and verbal/written information obtain during the discussion of the facility business.
- 2) All information exchange concerning On With Life business, employees, or persons served must take place between authorized persons on a need-to-know basis.
- 3) Supervisors are responsible for determining the extent of information that each employee may access. This includes paper documents, computer stored data and verbally solicited information. On With Life reserves the right to electronically monitor access codes used to gain entry in computer records in order to verify that only authorized access is occurring.
- 4) Confidential information, which identifies individual and is to be electronically transmitted by FAX machine must be safeguarded form discovery by authorized individuals. Information must not be sent by FAX if reliability of receiver is in question.  
  
4:1 A "Confidential Information" cover memo must accompany any FAX containing person served information or other confidential data.
- 5) Due to a person's served "Right To Know," requested person served information may be released to the person served after identity verification.  
  
5:1 Requests for person served information from someone other than the person served, can be honored only after first verifying that the person served has authorized the release of information, the requesting party has the legal right to access the information.

I have read the above and agree to abide by the policy.

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

\_\_\_\_\_  
Group Rep Name (Printed)

\_\_\_\_\_  
Group Rep Name (Signature)