



Dear Volunteer,

The staff at On With Life is pleased that you are 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. Schedule a Tour of the Facility and Watch Orientation Videos
5. Sign-in Each Time You Volunteer
6. Wear Volunteer ID Tags on Each Visit
7. Memorize the Code for the Security System and Keep Confidential
8. Wash Hands Before and After You Volunteer with a Person Served/Patient

The front desk is the central location where you may sign in and pick up a name tag.

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

Sincerely,

Ann Lenaghan

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



Brain Injury Rehabilitation Specialists

Volunteer Information for Therapy Observation

**715 SW Ankeny Road
Ankeny, Iowa 50023-9978
(515) 965-1339 ext.200**

Your cooperation in completing this application is most appreciated. All applicants are considered without regard for race, color, religion, or sexual orientation.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Phone: _____ Cell: _____

College Currently Attending: _____

Will you need verification of observation hours? ____No ____Yes

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

___Radio

___School

___Newspaper

___Work

___Another Volunteer

___Another Medical Facility

___Other. Please List _____

Interests:

Check all that apply:

___Physical Therapy Observation

___Occupational Therapy Observation

___Speech Therapy Observation

___Music or Recreational Therapy Observation

Possible other areas of interest: (Check all that apply – if interested in the below, standard forms shall be completed by applicant and background checks will be conducted for volunteer work.)

___One-to-One Companionship

___Computer/Data Entry

___Entertainment

___Fund Raising Projects

___Community Outings

___Clerical Assistance

___Assisting with Group Activities

___Answering Phones

___Recreational Activities: Nights & Weekends

___Bulk Mail Group

___Swimming Assistance

___Grounds Keeping

___Gardening Projects

___Cleaning Vehicles

___Photography/Video

___Prayer Partners

___Crafts Assistance or Craft Instructor

___Special Event Projects

Special skills, interests and hobbies: _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I would like to observe/volunteer _____ Hours _____ Weekly _____ Monthly _____ Upon Request

Have you ever volunteered at On With Life before? _____ When? _____

In Case of Emergency, notify: _____
Name Day Phone Number Evening Phone Number

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

References:

Name Address City/State Phone

Name Address City/State Phone

Name Address City/State Phone

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 Volunteer: _____

Confidentiality Agreement

Statement of Policy: All On With Life staff/students/volunteers/contractors will preserve the confidentiality of persons served's, 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 served's 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 served's "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: _____

Employee/Student/Volunteer/Contractor Signature

Printed Name of the Individual and or the Company