Welcome to Lakeview Village

THANK YOU for your interest in serving at Lakeview Village! We are very excited to have you involved in our community. In order to meet the state standards, the following forms must be completed prior to beginning your service at Lakeview. Simply fill out the forms as explained below and return the completed forms to the Community Life Office. (PRINT AND WRITE LEGIBLY, PLEASE!)

1. Lakeview Village Volunteer Application: Provide all information and sign. If you are under 18, your parent MUST sign also.


3. Volunteer/Company Agreement

4. Background Check Approval: For the safety of our residents, other volunteers and staff, background checks may be conducted on individuals applying for volunteer service. Required for anyone 18 and over.

5. Release and Waiver of Liability form

6. If you are volunteering in the Child Development Center or Care Center, a TB test is required (unless documentation that the test has been done within the last two years is provided). More details on obtaining the test will be given during your initial interview.

If your are volunteering in the Child Development Center:

1. A Certificate of Health Assessment for Persons 16 Years of Age or Older is required. Print your name on Name of Provider/Staff line. Fill out the health information in the middle of the page. The bottom MUST be signed by your physician or school nurse. This form must be completed before you can begin your service at Lakeview.

2. A Request for KBI/SRS Child Abuse Registry Check for Child Care and Residential Care Facilities must also be completed. You MUST be able to answer No as indicated on the front of the form. On the back, fill out line 1 with your information. The rest of the page will be left blank.

Thank You.
Community Life Department
Lakeview Village
Shellie Sullivan: (913) 744-2410; ssullivan@lakeviewvillage.org
Lauren Nelson: (913) 744-2457; lnelson@lakeviewvillage.org
Date: ________________ (circle one): Resident  Student  Community

Name: ____________________________________  Birthdate: ________________

Home Address: __________________________________________________________________

Home Phone: (     ) ______________________  E-mail: _______________________________

Cell Phone: (    )__________________

SSN:  ______________________

Emergency Contact & number: ______________________________

Students only:

Drivers License #___________________  Dr. Name:_________________Phone #:_______________

School: ____________________________  Grade:_______

Mother’s Name:____________________  Work #::__________________

Father’s Name:_______________________  Work #___________________

Volunteer Experience:

Please list other volunteer activities or special groups in which you have participated previously or are currently involved.

Why are you interested in volunteering at Lakeview Village?

What special skills would you like to contribute to Lakeview Village?

Are you willing to complete a TB skin test?       Yes  No

Are you willing to complete a criminal records & sexual abuse registry check?  Yes  No

Are you willing to complete an orientation session?  Yes  No

Best days to volunteer?  Weekdays  Weekends

Best time to volunteer?  Morning  Afternoon  Evening
I understand that my application is subject to review by staff of Lakeview Village and that additional interviews and/or training may be required. I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that all information I have provided on this application is confidential and is to be used by Lakeview Village staff for screening purposes only. I understand that Lakeview Village reserves the right to refuse my request to volunteer, in any or all program areas, based on my ability to meet volunteer job requirements, the needs of the volunteer program and the completion of criminal background check.

Signature: ___________________________ Date: ________________

Students:

I am the parent/legal guardian of the student listed above and I give permission for my student to volunteer at Lakeview Village. I have read and understand the agreement my child has with Lakeview Village. If this child’s emergency contact cannot be reached, I give Lakeview Village permission to seek emergency medical treatment as needed.

Parent/Legal Guardian: ___________________________ Date: ________________
(Required for all applicants 17 years of age or younger)

If applicable, I give permission for my child to be photographed while volunteering at Lakeview and for those photos to be used in brochures, newspapers, and given to the school to promote Community Service among all schools.

Parent/Legal Guardian: ___________________________ Date: ________________
(Required for all applicants 17 years of age or younger)
Any person(s) performing volunteer-related duties at Lakeview Village may undergo a criminal history and sexual abuse registry check of his/her background before performing volunteer services.

I, ______________________, hereby give the officials of Lakeview Village permission to conduct a criminal history and sexual abuse registry check and do hereby authorize the release of any and all information requested by this organization pertaining to criminal and sexual abuse history. A photocopy of this release form may serve as an original even though the photocopy does not contain an original writing of my signature.

For the purposes of this criminal history and sexual abuse check, please list the following information:

List any names you have used (including middle name or initial):

________________________

________________________

Date of Birth: ________________________

Social Security Number: ________________________

I certify that the facts set forth above are true and complete to the best of my knowledge. I understand that any false statements, omissions or misrepresentation may result in being unable to volunteer at Lakeview Village.

_________________________       ________________
Signature                                               Date

___________________________
Witness

___________________________
Signature of parent or guardian
RELEASE AND WAIVER OF LIABILITY

This Release is executed this_____day of______________20___, by
________________________________________________(the “volunteer”).

I, the Volunteer, hereby freely and voluntarily, without duress, execute this Release under
the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless
LAKEVIEW VILLAGE, INC. and its successors and assigns from any and all liability,
claims, demands, and causes of action, of whatever kind of nature, either in law or equity,
which may hereafter arise from my participation with LAKEVIEW VILLAGE, INC.
and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or
otherwise affiliated or associated with LAKEVIEW VILLAGE, INC.

2. **Medical Treatment.** Except as otherwise agreed to by LAKEVIEW VILLAGE, INC.
in writing, I hereby release and forever discharge LAKEVIEW VILLAGE, INC. from
any and all liability claims, demands, and causes of action whatsoever that may arise on
account of any first aid or other medical treatment rendered during my participation with
LAKEVIEW VILLAGE, INC. and/or any project, activity, or event sponsored, managed,
arranged, or promoted by, or otherwise affiliated or associated with LAKEVIEW
VILLAGE, INC.

3. **Photography/Audio Release.** I do hereby grant and convey unto LAKEVIEW
VILLAGE, INC. all rights, titles, and interest in and to any and all photographic images
and video or audio recordings made by or on behalf of LAKEVIEW VILLAGE, INC. or
made with its consent, during my participation in any project, activity or event sponsored,
managed, arranged, or promoted by, or otherwise affiliated or associated with
LAKEVIEW VILLAGE, INC. including, but not limited to, any royalties, proceeds, or
other benefits derived from such photographs or recordings.

By signing below, I acknowledge that I have read and understand this Release, and agree
to its provisions.

______________________________________  ____________________________
Signature of participant     Date

______________________________________  ____________________________
Signature of parent or guardian     Date
(if volunteer is not of legal age)
Volunteer/Company Agreement

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to demonstrate our commitment to do the very best we can to make your volunteer experience at Lakeview Village as productive and rewarding as possible.

Company

Lakeview Village agrees to accept the services of __________________________(volunteer) , and we commit to the following:

We agree to provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
We agree to ensure diligent supervisory aid to the volunteer and to provide feedback on their performance.
We agree to respect the skills, dignity, and individual needs of this volunteer, and to do our best to adjust to these individual requirements.
We agree to be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
We agree to treat our volunteer as an equal partner with company staff, to be jointly responsible for accomplishing the mission of the company.

Volunteer

I, ______________________________, agree to serve as a volunteer and commit to the following:

I agree that I will notify Lakeview Village Community Life staff if I am scheduled to volunteer and cannot keep my scheduled time.

I agree that I will not accept any gratuity or gifts from a Lakeview Resident other than refreshments. I understand that if I do accept a gratuity or gift from a Lakeview Resident, this is in violation of the Intergenerational Volunteer Program Rules at Lakeview. If the resident has been extremely insistent and I did not want to offend the resident by refusing, I will immediately give the gift to the Lakeview Community Life Department.

I agree that I will be responsible to sign my name in the Volunteer Record Book and record the date, time of arrival and departure, and the specific activity.

I contest that I have read all policies and procedures applying to volunteers and agree to abide by them along with Lakeview Village’s Code of Conduct.

I agree to perform my volunteer duties to the best of my ability, and to act at all times as a member of the team responsible for accomplishing the mission of the company.

Volunteer Signature ______________________ Date __________

Parent/Legal Guardian Signature (if under 18) __________________________ Date __________

Community Life Rep. Signature ______________________ Date __________
Volunteer Vehicle Permits

Name _______________________________________________

School ______________________________________________

Make of car ____________ Model _________________ Year __________

Color ____________________ License Plate # _____________________

Drivers License # _________________________________

Volunteer Vehicle Permits

Name _______________________________________________

School ______________________________________________

Make of car ____________ Model _________________ Year __________

Color ____________________ License Plate # _____________________

Drivers License # _________________________________
The undersigned hereby consents to Tuberculin Testing to be performed by Lakeview Village, Inc., nursing staff as required for those individuals performing volunteer services in the Child Development Center, Assisted Living, and Care Center.

Name of volunteer:

Permission is hereby granted to Lakeview Village, Inc. to perform Tuberculin Testing.

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Signature of parent or guardian
(required for all volunteers 17 years of age or younger)

PLEASE RETURN TO COMMUNITY RELATIONS DEPARTMENT UPON COMPLETION