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. (Heritage 202 B)

(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.
2. Anyone under the age of 14 that wants to volunteer must be accompanied by a parent at all times when volunteering.
3. Student volunteer agreement
4. “Volunteer’s Code of Conduct”
5. Volunteer/Company Agreement
6. Release and Waiver of Liability form
7. Background check approval: For the safety of our residents, volunteers and Staff, background checks may be conducted on individuals applying for volunteer service. This is required for anyone 18 and over.
8. If you are volunteering in the Care Center, Assisted Living or Child Development Center, a TB test is required (unless documentation that the test has been done within the last 6 months). Lakeview Village provides this test. More details on obtaining the test will be given during

Thank You
Community Life Department
Lakeview Village
Kris Lambert: (913) 744-2457: klambert@lakeviewvillage.org
Shellie Sullivan: (913) 744-2410: ssullivan@lakeviewvillage.org
Date: ______________ (circle one):           Resident           Student             Community

Name: _____________________________________________Birth date:__________________

Home Address: _________________________________________________________________

Home Phone: (      ) ___________________________Cell Phone: (        )____________________

E-mail: __________________________________________________

SSN: (if 18 & over)____________________________________________________

Emergency Contact ___________________________________Number: (    )________________

**Students only:**

School: _____________________________________________Grade:_____________________

Mother’s Name: ________________________________Work # (       )___________________

Father’s Name: ________________________________Work # (       )___________________

Drivers License #: ____________________________________________________________

**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 test?           Yes                No

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

Best days to Volunteer?   Monday, Tuesday, Wednesday, Thursday, Friday, Saturday   Sunday

Best time to volunteer?    Morning        Afternoon       Evening
I ______________________________________ (student volunteer), will work directly with the volunteer coordinator via text, email or direct phone line to create a schedule. A **minimum of 5 hours will be scheduled every month**. If you need to cancel a volunteer shift, a 24 hour notice is required. If it’s outside office hours call/text to coordinator via cell phone (785-282-4556). You may only confirm hours for yourself and not friends. You are responsible for tracking all of your hours. There is a sign-in sheet to log your hours; you must sign-in and out during each shift. The sign-in sheet is located outside the Community Life office door.

The Coordinator office hour are Monday through Friday from 8:30 - 5:00 p.m. Volunteer hours must be scheduled during this time frame. Hours must be scheduled by Friday for the following week and 24 hours in advance.

If hours have been scheduled for the weekend you will need to contact me via cell phone if you have questions since I won’t be on campus. All volunteers must train during the week before completing a weekend shift.

If you fail to comply with this agreement your volunteer opportunity may be at risk.

_____________________________________________________________
Student Signature                                                                 Date

_____________________________________________________________
Parent/Guardian Signature                                              Date

_____________________________________________________________
Volunteer Coordinator                                                    Date
CODE OF CONDUCT FOR ALL VOLUNTEERS

Lakeview Village’s volunteer program operates in a manner that is consistent with Lakeview Village Employee’s “Code of Conduct”.

“Code of Conduct” principles are as follows:

Volunteers will treat all individuals with a sense of dignity, respect, and worth. Be courteous and polite in all actions.

Volunteers will avoid profane and abusive language.

Volunteers will not use photo, audio or video recording unless given consent.

Volunteers will respect all confidential information. Volunteers are responsible for maintaining confidentiality of all information, whether it involves a resident, staff, or other volunteers.

Volunteers will not pressure anyone to accept their political, cultural, or religious beliefs.

Volunteers will be dependable, recognizing the commitment and responsibility to their volunteer assignment. Residents and staff are depending on you to be present at the scheduled time.

Volunteers will accept assignment with an open mind and a willingness to learn.

Volunteers will wear appropriate clothing. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material.

Volunteers will not possess, or be under the influence of alcohol or illegal substances at any time.

Volunteers will follow safe workplace practices and report any unsafe situations.

There will not be any solicitation or distribution of any kind of materials. This is strictly prohibited.
Company / Volunteer 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:

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

Volunteer

I, __________________________, agree to serve as an intern and commit to the following:

1. I agree that I will notify Lakeview Village Community Life staff if I am scheduled to volunteer and cannot keep my schedule.
2. 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 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.
3. 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.
4. I have read all policies and procedures applying to volunteers and agree to abide by them along with Lakeview Village’s Code of Conduct.
5. 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
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,
Claim, 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

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)
BACKGROUND CHECK APPROVAL

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:________________________________________

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 of student                                                                      Date

________________________________________
Signature of parent or guardian
If you are under 18 years of age we do not have to do the Background Check.

As part of your application process you will need to fill out the background questionnaire found by going to the background screening portal link below. Lakeview Village utilizes Validity Screening Solutions for background screening purposes.

https://www.ejobapp-validityscreening.com/applicant/companies/lakeview-village-7126a/accounts/lakeview-village-7126a/positions

Once you have been directed to the log-in screen for Validity Screening Solutions, please select “New User” at the top right corner of your screen. Upon completing the fields marked in red on the user registration page select “Save”. You will then receive a link to the log-in for Validity Screening Solutions via the email address you provided on the registration page. The link will direct you to a page that will ask you to set a new password, after selecting your new password you will be logged into your Validity Screening Solutions account. Once logged in, you will see “Lakeview Village Screening Profile” in bold, select “SUBMIT” to continue. Please read the instructions and select “Next” at the bottom of your screen to continue into the background screening portal. The background questionnaire should only take about 5 minutes to complete. Please note that you must submit this questionnaire before your scheduled interview to avoid delays in the process.

Thank you,
**Lakeview Village**

**VOLUNTEER TUBERCULOSIS TESTING RECORD**

<table>
<thead>
<tr>
<th>Volunteer Name:</th>
<th>Date of Birth:</th>
<th>Department:</th>
</tr>
</thead>
</table>

**Known Allergies:**

<table>
<thead>
<tr>
<th>Tuberculin Testing</th>
<th>Lot #</th>
<th>Date</th>
<th>Site</th>
<th>Signature</th>
<th>Results/Reaction</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD 0.1 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-Ray (if required)</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature

Date

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

PLEASE RETURN TO COMMUNITY RELATIONS DEPARTMENT UPON COMPLETION