



VOLUNTEER QUESTIONNAIRE

NAME: _____

ADDRESS: _____

PHONE: _____ **Cell/Home**

E-MAIL: _____

Emergency Contact Name/#: _____

What experience have you had working with the senior population; especially those with cognitive decline or dementia?

What are your special interests or hobbies that might be useful in working with the clients of this program?

What strengths do you possess that will make this a good experience for the participants, families, and you?

What do you expect will be the most rewarding aspect of your volunteer work in the program?

What do you think will be the most challenging part?

Will you be able to attend volunteer training sessions to learn more about supporting the elderly, the disease process and communication and care techniques?

When are you available for an interview, tour and introduction to the program?

Do you have specific days that you would prefer to volunteer?

- _____ I give my permission for MCRF to use my first name, photos or videos to promote the program.
- _____ I do not give my permission for MCRF to use my first name, photos or videos to promote the program.

VOLUNTEER CODE of CONDUCT:

I understand that I will be exposed to information of a confidential nature pertaining to the participant/family in the course of my work with Memory Care Respite of Florence. I further understand that this information is to be kept confidential and that I will discuss it only with the staff and volunteers who are directly involved in the care of the participant/family. Confidentiality includes but is not limited to information about client's names, diagnosis, or special family circumstances.

I understand that I am working with a vulnerable population and it is my duty to report incidents of questionable care/abuse/neglect to Adult Protective Services. I will not accept monetary gifts from participants or offer them financial assistance.

I hereby agree that I will not falsify, alter, copy, remove, destroy, or disclose any information or records regarding the Memory Care Respite Center's program without proper written authorization. I further agree not to use any organizational or client records for personal use or gains.

I understand that volunteering requires adherence to COVID protocols. If I or a close family member is exposed to COVID 19 I will immediately notify the executive director so precautions can be taken.

VOLUNTEER SIGNATURE

DATE

STAFF SIGNATURE

DATE