



Eskaton Telephone Reassurance Program

5105 Manzanita Ave., Carmichael, CA 95608

Phone: (916) 334-1072 Toll-free 1-866-Eskaton (375-2866) Fax: (916) 338-1248

www.eskaton.org

VOLUNTEER APPLICATION

Name:		Date:	
Address:		Apartment #:	
City, State, Zip:			
Phone (Day):		Phone (Evening):	
Date of Birth:	Email address:		
How did you hear about this volunteer opportunity?			
Volunteer/Employment History			
Dates	Volunteer Agency/Employer (Name & Phone Number)	Major Duties	Reason for Leaving
From: To:			
From: To:			
Does your employer provide matching funds for your volunteer time? Yes No			
Volunteer Opportunities (Please check one or more)			
	Office Telephone Reassurance: Call participants from the TR office. Flexible hours between 8:00am and 5:00pm.		
	Field Telephone Reassurance: Call one or more participants from your home or office. Then call the TR report line with an update.		
	Home Visitor: Visit TR participants two to four times each month and complete a home visitor report on a monthly basis.		
	Transportation Aide: Provide on-call transportation service for participants to appointments.		
Please list days and times you are available to volunteer:			

***Please include photo copy of CA driver's license or CA ID card.**

References

Please provide the names of two persons, not related to you, whom you have known for a least one year.

Name:	Relationship to Applicant:	# Yrs. Acquainted:
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Address:

Daytime Phone:

Name:	Relationship to Applicant:	# Yrs. Acquainted:
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Address:

Daytime Phone:

Emergency Contact

Name:	Phone:
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Address:	Email:
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Relationship to Applicant:

Identification and DMV check

State Driver's License Number:	Expiration Date:
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Insurance Company/Policy Number:

Volunteer Agreement

1. All volunteers agree to volunteer for a minimum of one year.
2. Each volunteer must maintain a firm commitment to professional conduct:
 - a. Participant files and case information must be held in strict confidence.
 - b. Notification is necessary when absent from volunteer duties.
 - c. Volunteers must provide at least two weeks advanced notice before ending their volunteer position.
3. Each volunteer is required to attend a Telephone Reassurance volunteer orientation.
4. Volunteers are not permitted to accept money and/or gifts from the TR participants nor are they allowed to handle their finances and/or medications in any way.
5. I hereby give Eskaton the right to investigate my past volunteer and employment activities. I release from all liability all persons, companies, and corporations who supply such information. I hold harmless and indemnify Eskaton against any liability that may result from such an investigation. I understand and agree to the above mentioned conditions.

Signature:	Date:
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Eskaton Telephone Reassurance Program Volunteer Confidentiality Agreement

Federal regulations require that all applications and information be treated as confidential. Information about the health, social condition and psychiatric condition of a participant, the home phone number, address and marital status must be considered confidential. This information cannot be published in any way or conveyed to anyone outside the Telephone Reassurance Program. It must be noted that anyone who intentionally violates this provision of the law can be prosecuted for misdemeanor conduct.

The individual the volunteer is serving deserves the respect and dignity of having his or her personal affairs kept confidential. As you spend time with your client, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal service providers, and you (the volunteer) may be the only person available with whom the older adult is willing to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship with your participant. However, as a volunteer, you do have the responsibility to alert and discuss with the Program Coordinator any situation that may endanger the health, safety or welfare of the individual you serve.

Please remember that you should not disclose any information to those not directly involved with the person--such as your family, friends, co-workers or others. A network of people and services enables the participant to remain in his/her own home, but it often has a price: the loss of control over once-private matters. As a volunteer and friend, you can help him or her maintain some control over his or her life by respecting the right to share confidences without fear that confidential information will be passed on to others.

I have reviewed these policies and procedures, understand them, and agree to perform my volunteer responsibilities.

Print Name

Signature

Date