



(907) 747-4600 | PO Box 6336 Sitka, AK 99835 | [braveheartvolunteers.org](http://braveheartvolunteers.org) | [maddie@braveheartvolunteers.org](mailto:maddie@braveheartvolunteers.org)

## Applying to be a Brave Heart Volunteer

We are glad you are interested in volunteering and spending time with our care receivers. As a Brave Heart Volunteer, it is important to understand and follow BHV's volunteer policies and confidentiality agreement. Please read and sign the documents listed below. Feel free to ask any questions regarding these policies. The Program Manager will interview you to learn more about you and to match you with a care receiver.

### Checklist:

- Volunteer application form
- Interview
- Copy of driver's license
- Background check
- Policies overview & Volunteer Handbook received and read
- Confidentiality agreement
- Release of Liability and informed consent
- Photo release (optional)

You may drop off your application packet at the BHV office, take a picture or scan, or use a fillable PDF, and email to [maddie@braveheartvolunteers.org](mailto:maddie@braveheartvolunteers.org)

Please call (907) 747-4600 or email to set up a time to come to our office to complete your interview and background check.



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## Volunteer Application

**Personal information:**

Name: \_\_\_\_\_ Phone (cell): \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Your Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation or former profession: \_\_\_\_\_

Are you a veteran? \_\_\_yes \_\_\_no If so, which branch? \_\_\_\_\_

How did you learn about *Brave Heart Volunteers*? \_\_\_\_\_

**Volunteer Options (please check all areas you are interested in):**

- |   |   |
|---|---|
| <input type="checkbox"/> Companionship                                      | <input type="checkbox"/> Playing cards or games |
| <input type="checkbox"/> End of Life bedside presence                       | <input type="checkbox"/> Board membership       |
| <input type="checkbox"/> Grief support (ie. Friend in Grief or facilitator) | <input type="checkbox"/> Music                  |
| <input type="checkbox"/> Respite for caregivers                             | <input type="checkbox"/> Publicity              |
| <input type="checkbox"/> Brave Paws (Dog) Program                           | <input type="checkbox"/> Fundraising events     |
| <input type="checkbox"/> Cooking or baking                                  | <input type="checkbox"/> Other _____            |

**Placement preference:** I can volunteer: \_\_\_As needed \_\_\_Regularly, ie. 1-2 hours a week

\_\_\_ Year round \_\_\_ Seasonally (ie. only summers)

Below, please check the times you are available.

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							



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Evening							
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If available, are you willing to help on-call with short notice? \_\_\_ yes \_\_\_ no

I prefer: \_\_\_ A short-term assignment \_\_\_ An ongoing assignment \_\_\_ Either one is OK

Are you allergic to pets? \_\_\_ yes \_\_\_ no Please specify:

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List any special considerations or preferences for your visiting: (visit location, age, gender, etc?)

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**Matching Information:**

Please list your special interests, skills, previous volunteer experiences and hobbies:

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**Work Experience:** If you have been employed in the last 5 years, please list the name and address of your present and previous employers. (only list the last 2)

Employer name, address, phone	Dates employed	Job title, duties

**Screening information:**

Have you ever been convicted for violation of any laws, traffic or otherwise? \_\_\_ yes \_\_\_ no

If yes, please explain: \_\_\_\_\_

Do you have any conditions that may limit your volunteer activities? \_\_\_ yes \_\_\_ no

If yes, please describe: \_\_\_\_\_



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**References:**

Please list two people we may contact who are not family members, and who have known you for at least one year. You may include employers, teachers, religious leaders, coworkers, etc.

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby give my consent for the Brave Heart Volunteers to contact my references.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*Thank you* for completing this form and for your interest in volunteering with us!

Next steps: We will arrange a time for you to come to the BHV office for an interview and to complete a background check. All volunteers must also attend mandatory training. We will match you with a care receiver or to the right “jobs,” according to your preferences, skills, and wishes.

Feel free to call 907-747-4600 or email [maddie@braveheartvolunteers.org](mailto:maddie@braveheartvolunteers.org) with questions.



## **Volunteer Policies (please read carefully)**

**All volunteers must complete the Volunteer Application and provide a copy of a government-issued ID.**

**Background Check:** This background check is renewable every two years from Bchex of the Background Investigation Bureau (BIB). The cost is \$19.50 and can be covered by BHV. Bring a valid driver's license or passport, and your cell phone if you have one.

**Confidentiality Agreement:** All care receiver information is, and should always be, kept confidential.

**Volunteers will not proselytize their own faith.** Volunteers serve by expressing personal faith through compassionate actions and responding to the individual needs of the care receiver.

**Vehicle travel in a volunteer's personal vehicle is not permitted.**

**Volunteers must never exchange money with, or receive money from, their care receiver, or get involved in any of the care receiver's financial matters.** If you have any questions or concerns regarding their finances, contact BHV staff.

**The volunteer is directly responsible to the BHV staff.** The volunteer is responsible for keeping the staff current on the status of their assignment. This includes submitting a completed monthly time sheet at the end of each month and notifying the staff of any absences at least one week before a planned departure.

**Volunteers' phone numbers will not be given to care receivers or their families by BHV staff without consent from the volunteer.** Volunteers may share their personal phone numbers if they are comfortable and it is agreed upon what circumstances they may be called. Care receivers may also reach volunteers by leaving a message with BHV during business hours.

**In case of an extraordinary occurrence or serious accident in the home, volunteers should call 911 unless directed otherwise at the time the assignment is made.** BHV staff will notify the volunteer if their care receiver has a "do not resuscitate" order and lives in a private residence where nursing staff is not present. BHV staff must be notified of such incidents as soon as possible and *no later than the next business day*.

**Volunteers should not provide *any* medical hands-on care, including skilled nursing care, bathing, tube feeding, or dispensing medications.** Volunteers should not assist in any transfers that require heavy lifting. However, volunteers may assist a care receiver who is able to lift, lower, and move himself, but requires steadying or support in order to be safe.

**Volunteers should not give or accept gifts of material value.** However, the giving and receiving of small tokens of friendship and appreciation (e.g. a card or flower) is acceptable. Be aware that for some people,



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giving or receiving even the smallest gift places them in a position of obligation or establishes patterns that interfere with relationships.

**The volunteer is an important link in communicating the care receiver's condition.** Report to the BHV office within 24 hours all information that shows a change in conditions or needs of the care receiver. If there are doubts, the volunteer should still discuss all concerns with the BHV staff.

## Insurance and Liability Coverage

**Professional and general liability:** I understand that I have general and professional liability coverage for my activities as a volunteer for Brave Heart Volunteers *as long as I am acting within the scope of the Brave Heart Volunteers' volunteer program.* If I have specific questions regarding the liability coverage, I may at any time read through the policy manual located in the BHV main office and familiarize myself with the particulars.

**Bondability:** I understand that I am not bonded and that I should not handle money or property for the care receiver or the care receiver's family.

**Workers Compensation:** I understand that if I am injured within the scope of my responsibilities as a Volunteer, I am not covered by a Workers' Compensation program.

**I have read and understand the above policies and information, as found in the Volunteer Handbook, along with additional important information.**

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Signature

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Date

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Printed Name



## Volunteer Confidentiality Agreement

I, \_\_\_\_\_ understand and agree that I must maintain and safeguard the confidentiality of care receiver information and other information I may obtain through my activities as a Brave Heart Volunteers volunteer.

Confidentiality is a critical ethical issue in volunteer and care receiver relationships. Volunteers are involved in close relationships with care receivers and their families during difficult times. Care receivers and their families have a right to expect their experiences and decisions will be kept strictly private and confidential. A trusting relationship honoring an individual's "Right to Privacy" is necessary for the care receiver to feel safe and comfortable in expressing his or her true feelings and concerns. Any and all personal information must be held in the utmost confidence.

I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any identifiable, personal information, which is obtained in the course of my service as a volunteer. I understand that the care receiver's written authorization is required for me to disclose any such information, and that this authorization must be obtained with an official Brave Heart Volunteers release form.

Volunteers are not to discuss or disclose confidential information concerning care receivers in circumstances where an unauthorized person may overhear the conversation.

Confidential information also includes:

- Data or information which identifies a care receiver or their family
- Assessment forms, referral forms, and computer records
- Information received verbally from the care receiver
- Admission to or use of any health care services, and all information and records compiled, obtained, or maintained by health care workers and by me in the course of providing services

I understand that appropriate disclosure out of caring concern to Brave Heart Volunteers Program Manager is beneficial to the patient and is not prohibited. I further understand that law may require me, under certain circumstances, to report information to either Adult Protective Services or to Child Protective Services, and that such a report would not be a violation of this confidentiality agreement.

I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the care receiver or the care receiver's family. As a Brave Heart Volunteers volunteer, I understand that I may be terminated if I disclose confidential information without the care receiver's written authorization.

*I understand and agree to the above policy, and I am aware that a breach of confidentiality will be grounds for dismissal in my role as a volunteer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Informed Consent for Volunteers

I, \_\_\_\_\_, a volunteer for Brave Heart Volunteers (BHV), will to the best of my ability, do what I can to keep my care receivers and other volunteers safe and healthy.

I understand there is no direct medical health coverage afforded to me during my relationship BHV and BHV is not responsible for any potential exposure to illness. I acknowledge that my participation with BHV is voluntary and I assume all risks and dangers. I hereby release, waive, and forever discharge any and all liability, claims, and demand of whatever kind against Brave Heart Volunteers and its Board, staff, and affiliated sponsors.

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Signature

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Date

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Printed Name





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## Photo and Voice Release Form

I hereby grant Brave Heart Volunteers (BHV) permission to use my likeness in a photograph or other digital (audio and visual) reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to BHV to share this image or voice recording with the grant award entities for grant-reporting purposes without payment or other consideration.

I understand and agree that these materials will become the property of Brave Heart Volunteers (BHV) and will not be returned. I hereby irrevocably authorize BHV to edit, alter, copy, exhibit, publish or distribute this photo or voice recording for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or recorded voice appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or recording. I hereby hold harmless and release and forever discharge Brave Heart Volunteers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older, and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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Signature

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Date

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Printed Name