



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

Volunteer Application

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 direct any questions surrounding these policies to BHV staff. A staff member will interview you to learn more about you and to match you with a care receiver.

- Volunteer application form
- Policies overview & Handbook received and read
- Confidentiality agreement
- Informed consent
- Copy vaccination card (please take a picture or scan and email to Kathryn@Braveheartvolunteers.org)
- Copy of driver's license (please take a picture or scan and email to Kathryn@Braveheartvolunteers.org)
- Photo release (optional)
- Background check (there is a link on our website, Braveheartvolunteers.org for this)



**BRAVE HEART
VOLUNTEERS**
yee gu.aa yáx x'wán

Volunteer Application

Personal information:

Name: _____ Phone (cell): _____ (W): _____

Address: _____ Email: _____

Date of birth: _____

Occupation or former profession:

How did you learn about *Brave Heart Volunteers*?

Volunteer options - please check all areas you are willing to help with:

- | | |
|---|--|
| <input type="checkbox"/> Companionship visits | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Writing letters/reading | <input type="checkbox"/> Light housework |
| <input type="checkbox"/> Shopping/errands | <input type="checkbox"/> Minor home repairs |
| <input type="checkbox"/> Simple meal preparation | <input type="checkbox"/> Help with publicity |
| <input type="checkbox"/> Playing cards or games | <input type="checkbox"/> Fundraising events |
| <input type="checkbox"/> Respite care (for caregiver) | <input type="checkbox"/> End of life care |
| <input type="checkbox"/> Dog Therapy Program | <input type="checkbox"/> Other _____ |

Placement preference: I can volunteer visit: ___ as needed ___ once a week (1-2 hours) ___ twice a month Below, please check the times you are available.

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

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



**BRAVE HEART
VOLUNTEERS**
yee gu.aa yáx x'wán

Check one:

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

Do you smoke? ___yes ___no Are you allergic to pets? ___yes ___no Please specify:

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

Matching Information:

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

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 physical condition that may limit your volunteer activities? ___ yes ___ no

If yes, please describe: _____



**BRAVE HEART
VOLUNTEERS**
yee gu.aa yáx x'wán

Emergency contact:

Name: _____ Phone: _____

Relation: _____

References:

Please list two persons we may contact who are not family members, and who have known you for at least one year. For example, you may include employers, teachers, religious leaders, or co-workers.

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 of Applicant

Date

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

Next steps: If you want to serve as a visiting volunteer in private residences or the Pioneers Home, we ask that you also complete the background check online. All volunteers have an interview as part of the process. We will match you with a person, and/or your skills and wishes to the right “jobs.” Feel free to call 747-4600 or email Kathryn@Braveheartvolunteers with questions.



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

VOLUNTEER POLICIES

All volunteers must complete the Volunteer Application.

Application must be accompanied by a copy of a government issued ID.

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

All volunteers must complete the background check.

This background check is renewable every three years from Background Investigation Bureau (BIB), an online service linked to our website.

All care receiver information is, and should always be kept, confidential.

Volunteers will NOT proselytize one's own faith.

Volunteers serve by expressing personal faith through compassionate actions and responding to the individual needs of the care receiver

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

Volunteer phone numbers will not be given to care receivers or their families by BHV staff without consent from the volunteer. Volunteers are discouraged from giving out their personal phone numbers until they are familiar with their care receivers and it is agreed under what circumstances they may be called. Care receivers may reach volunteers by leaving a message with the BHV Program Manager during business hours.

In case of an extraordinary occurrence or serious accident in the home, volunteers are to call 911 unless directed otherwise at the time the assignment is made. The Program Manager must be notified of such incidents as soon as possible and no later than the next business day.

Volunteers are not expected to and should not provide hands-on care, including skilled nursing care, bathing, tube feeding or dispensing medications. Volunteers should not assist in any transfers that require heavy lifting. This should not discourage the volunteer from helping a family member or other caregiver in these things when it would be helpful and is *considered safe* to do so. Also, volunteers are not discouraged from assisting a care receiver who is able to lift, lower, and move himself but requires steadying or support in order to be safe. Volunteers should avoid contact with any bodily fluids.

Volunteers should not give or accept gifts of material value. However, the giving and receiving of small tokens of respect, friendship and appreciation (e.g., a card or flower) is not discouraged if the gifts are a natural expression of the person's lifestyle. Be aware that for some people, giving or receiving even the smallest gift places them in a position of obligation or establishes patterns that interfere with relationships.



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

The volunteer is an important link in communication of 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 Program Manager.

Insurance and Liability Coverage

Professional and General Liability: I understand that I have professional and general liability coverage for my activities as a volunteer for Brave Heart Volunteers as long as I am acting within the scope of the BHV 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 details.

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 responsibility as a volunteer, I am not covered with a Workers' Compensation program.

I have read and understand the above policies. These policies are found in the Volunteer Handbook, as well as additional important information.

Printed Name

Signature

Date _____



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

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 of Volunteer: _____ Date: _____



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

Informed Consent for Volunteers

I, _____, a volunteer for Brave Heart Volunteers (BHV), acknowledge that BHV is taking necessary measures to protect the health of our volunteers, care receivers, and the general public. To this extent, I agree to follow Center for Disease Control (CDC) and other local health guidelines, as well as BHV policies and procedures to mitigate the risk and spread of Novel Coronavirus, or COVID-19, B.1.1.7 and other variants. I will, to the best of my ability, do what I can to keep my care receivers and other volunteers safe and healthy.

Before resuming in-person contact with my care receivers, I agree to submit a copy of my vaccination card and watch an educational video on how to mitigate the spread of COVID-19. When visiting my care receivers, I will wear a mask, maintain a safe physical distance, and wash or sanitize my hands.

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 COVID-19. 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.

Volunteer Signature

Date

Volunteer Printed Name



BRAVE HEART
VOLUNTEERS
yee gu.aa yáx x'wán

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.

(Signature)

(Date)

(Printed Name)