



# LINCOLN GLEN

A CARING COMMUNITY FOR SENIORS

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[www.lgmanor.org](http://www.lgmanor.org)

**Dear Prospective Volunteer,**

**Thank you for your interest in joining the Lincoln Glen Community! As a volunteer you can be part of the lives of our residents and learn from them too!**

## **Answers to Common Questions:**

### **What do volunteers do?**

Volunteers work with the Community Life/Activities Department and may:  
Assist with Group Activities--Present an activity or program--Share a talent or skill—Visit with residents individually--Help residents with computers and Wii—Decorate the facility--Work with residents on special projects

### **How much training is required to become a volunteer?**

You must participate in a one hour orientation session with a member from the Activity Department.

### **Is there a minimum time commitment for volunteering?**

We can accommodate the time commitments required by most school-based service programs.

We also appreciate and value one time/project-oriented volunteers.

Individual time commitments and scheduling can be discussed during your interview.

### **Do I do any direct care?**

Volunteers with the Community Life/Activities Program do not do any direct care (Le. taking a resident to the restroom or helping someone get into or out of bed). This will be further discussed in the orientation/training session.

## **To apply for a volunteer position:**

1. Complete the volunteer application.
2. Obtain parental consent signatures (if under age 18).
3. Sign confidentiality and abuse prevention statements.
4. Provide a copy of your TB Skin Test verification if you have had it done within the past year.
5. After you return your completed application, the Activities Director will contact you to schedule an interview.



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## VOLUNTEER ACTIVITY ASSISTANT APPLICATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address

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

Current Occupation: \_\_\_\_\_

Previous Work or Volunteer Experience: \_\_\_\_\_

School (currently attending): \_\_\_\_\_ Grade: \_\_\_\_\_

Special Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_  
How did you learn about our program? \_\_\_\_\_

Why are you interested in volunteering with us? \_\_\_\_\_

\_\_\_\_\_  
Have you had any prior experience with elders? Please describe: \_\_\_\_\_

\_\_\_\_\_  
Have you ever been arrested? \_\_\_\_\_

### ACTIVITIES YOU WOULD LIKE TO HELP WITH

#### Assist with Group Programs

- \_\_\_\_\_ Active games
- \_\_\_\_\_ Arts and crafts
- \_\_\_\_\_ Birthday parties
- \_\_\_\_\_ Exercise classes
- \_\_\_\_\_ Holiday/Festive parties
- \_\_\_\_\_ Gardening
- \_\_\_\_\_ Word games/Table games
- \_\_\_\_\_ Reading current events
- \_\_\_\_\_ Religious programs
- \_\_\_\_\_ Sensory group

#### Individual Visits

- \_\_\_\_\_ Conventional visits
- \_\_\_\_\_ Computers/iPad
- \_\_\_\_\_ Current events
- \_\_\_\_\_ Letter writing
- \_\_\_\_\_ Reading aloud
- \_\_\_\_\_ Reminiscing/Look at pictures
- \_\_\_\_\_ Sensory stimulation
- \_\_\_\_\_ Table games/Cards
- \_\_\_\_\_ Trivia

#### Special Projects

- \_\_\_\_\_ Bring a pet to visit
- \_\_\_\_\_ Decorating for parties
- \_\_\_\_\_ Decorating halls
- \_\_\_\_\_ Music or dance recital
- \_\_\_\_\_ Lead art/craft classes
- \_\_\_\_\_ Prep for special events
- \_\_\_\_\_ Bring children to visit

### Emergency Contact Persons

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**PARENTAL CONSENT FOR ANY VOLUNTEER 18YRS. OF AGE OR YOUNGER**

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
who is my \_\_\_\_\_, to complete Volunteer work at Lincoln Glen Nursing  
Facility & Assisted Living Facility.

**VOLUNTEER STAFF CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, hereby agree to regard all information received in  
the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents’ rights with regard to privacy of information,  
and I agree to respect these rights in the performance of my volunteer duties and keep  
“professional” confidentiality in all my statements outside the facility. I will not speak about  
residents outside of the facility to anyone.

I agree to respect the residents’ rights to privacy, as well as those of the family and the facility  
whenever I make community presentations or participate in volunteer recruitment programs. The  
content of these presentations will be approved in advance by the Activities Director.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

**ABUSE PREVENTION STATEMENT**

I, \_\_\_\_\_, hereby agree to adhere to the Abuse Prevention  
Program of Lincoln Glen Nursing Facility & Assisted Living Facility. I agree to immediately report any  
abuse or suspected abuse to the Activities Director.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

**PARENTAL CONSENT FOR ANY VOLUNTEER 18 YRS OF AGE OR YOUNGER  
FOR "PPD" TUBERCULOSIS SKIN TEST**

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
who is my \_\_\_\_\_, to have a "PPD" test done at Lincoln Glen Nursing  
Facility & Assisted Living Facility.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date