

VOLUNTEER

For out of State
or foreign
Background checks
over
17 yrs of age (12 sheets)

Department: Activities

Supervisor: Director of Activities

I. PURPOSE

A Volunteer is required to carry out non-professional services in accordance with current federal, state and local regulations as well as this facility's established policies and procedures to enhance the quality of life for the residents who are entrusted into our care.

II. SPECIFIC REQUIREMENTS

- . No educational requirements are necessary.
- . No experience necessary; on the job training provided.
- . Must be able to comprehend and communicate information and instructions effectively.
- . Must have ability to create and maintain an atmosphere of warmth, personal interest, and positive emphasis, as well as a calm environment throughout the facility.
- . Must have some understanding of the social, psychological and recreational needs of the elderly.
- . Must have patience, tact, and a cheerful disposition and be able to work with residents based on their current level of maturity and functioning.
- . Must be willing to work harmoniously with residents and staff.
- . Must be able to follow written and oral instructions.
- . Must demonstrate a sincere desire to work with the elderly.
- . Must be in good general health and demonstrate emotional stability.
- . Junior Volunteers are under age 18 and must provide the Home with Working Papers obtained through the School Department.

III. FUNCTIONS AND RISK CLASSIFICATIONS

A. Essential

- . Maintain CONFIDENTIALITY of all resident related care information to assure Resident Rights are protected.
- . Follow established policies and procedures of the facility.
- . Report to Director of Activities when scheduled visits cannot be made.

- . Receive and follow assignments or instructions as outlined in our established volunteer policies and procedures.
- . Provide only services that are assigned by the Director of Activities.
- . Report to area department head/supervisor before beginning duties.
- . Assist residents with arts and crafts, letter writing, recreational activities, etc.
- . Encourage residents to communicate with others in recreational areas, dayrooms, lounges, etc., and to take part in activities, etc.
- . Visit residents to establish contact on a regular basis to assist the resident in building relationships, stimulate communications, and to increase self-identity.
- . Perform personal services such as reading aloud, letter writing, grooming, feeding as permitted by facility policy, etc.
- . Promote good public relations.
- . Report any irregularities and unsafe/hazardous conditions, defective equipment, etc., to the Department Supervisor or Charge Nurse immediately.
- . Report all incidents/accidents and changes in the resident's condition to the Department Supervisor or Charge Nurse immediately.
- . Attend and participate in in-service educational classes and orientation training programs, as requested.

B. Non-Essential

- . Sit with residents requiring priority care as approved by the Director of Nurses or Supervisor as appropriate.
- . Perform clerical duties such as typing, photocopying, filing, etc.
- . Deliver messages or run errands for residents as approved by Director of Activities.
- . Escort residents to assigned rooms, therapy, arts and crafts, appointments, etc.
- . Escort residents during off-premises activities.
- . Other related duties and activities as may be requested.

IV. STANDARDS

- A. The traditional method of accomplishing these job functions entails sitting, standing, bending, lifting, stretching and moving intermittently throughout the facility.
- B. The Essential/Non-Essential Functions and/or Risk Classifications are noted in order to comply with the Americans Disability Act (7/23/92) and OSHA Laws (3/6/92).

- C. The Universal Precautions Risk Classifications are noted in order to comply with the O.S.H.A. Occupational Exposure to Bloodborne Pathogens requirements and to inform employees/volunteers of the routine risks of a specific job task. They are as follows: [1] tasks may involve exposure to blood/body fluids; [2] tasks do not involve contact with blood/body fluids but could result in performing a Category I task; [3] tasks do not involve any risk of exposure to blood/body fluids.
- D. All volunteers are expected to participate in and assist with Emergency Evacuation criteria.

V. ACKNOWLEDGMENT

I have read the above job description and fully understand the requirements set forth therein. I hereby accept the position of Volunteer and agree to abide by the requirements set forth and will perform all duties and responsibilities to the best of my ability. I understand that as a result of my employment, I may be exposed to the AIDS and Hepatitis B viruses.

Date

Signature - Volunteer

Date

Signature - Director of Activities

ST JOSEPH RESIDENCE
495 MAMMOTH ROAD
MANCHESTER, NH 03104

VOLUNTEER APPLICATION

NAME _____ DOB _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____

PRIOR VOLUNTEER
EXPERIENCE _____

WHAT ARE YOUR LEISURE
ACTIVITIES _____

SKILLS, SPECIAL
INTERESTS _____

REASON FOR WANTING TO VOLUNTEER AT ST JOSEPH
RESIDENCE _____

DAYS AND HOURS
PREFERRED _____

EMERGENCY CONTACT _____
PHONE _____

SIGNATURE _____ DATE _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE, A PARENT OR GARDIAN
SIGNATURE IS REQUIRED)

PARENT/GUARDIAN SIGNATURE

WHAT SERVICES DO YOU WISH TO PROVIDE?(PLEASE CHECK PREFERENCES)

1. ASSIST WITH GAMES_____
2. MUSIC ACTIVITIES_____
3. SINGING ACTIVITIES_____
4. ASSIST WITH PARTIES_____
5. ASSIST IN MAKING/PUTTING UP DECORATIONS_____
6. ASSIST WITH TRANSPORTING RESIDENTS TO PATIO_____
7. ASSISTING WITH HOLIDAYS_____
8. DISTRIBUTE MAGAZINES AND BOOKS_____
9. ARTS AND CRAFTS ACTIVITIES_____
10. WORK WITH RESIDENTS ON A FACILITY NEWSPAPER_____
11. MAKING FAVORS_____
12. FLOWER ARRANGING WITH RESIDENTS_____
13. FRIENDLY VISITS_____
14. 1:1 ACTIVITIES_____
15. OTHER (PLEASE SPECIFY)_____

FREQUENCY WITH WHICH YOU WISH TO VOLUNTEER(CIRCLE PREFERENCE)

TWICE WEEKLY WEEKLY EVERY 2 WEEKS
OTHER_____

TIME PREFERRED (PLEASE CIRCLE)

MORNING AFTERNOON EVENINGS
OTHER_____

LENGTH OF TIME (PLEASE CIRCLE)

1 HOUR 2 HOURS 3 HOURS LONGER_____

I HAVE RECEIVED THE RESIDENTS BILL OF RIGHTS
FROM_____ I HAVE READ THESE RIGHTS AND
UNDERSTAND THEM

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF ACTIVITY DIRECTOR

DATE

Volunteer Information Worksheet

Name: _____

Address: _____

Phone Number: (H) _____ (W) _____

How did you hear about this volunteer opportunity? (check all that apply)

__friend __family __through work __church __community

__word of mouth __school __other, explain:

How often do you wish to volunteer?

__1 - 2 X week __1 X month __2 X month __varied

What days are best for you to volunteer? (check all that apply)

__Monday __Tuesday __Weds. __Thurs. __Fri.

__Sat __Sun. __Holidays Only __Varies

How much time would you like to spend on a volunteer visit?

__1 - 2 hours __3 - 4 hours __5+ hours __varies



CATHOLIC
CHARITIES
NEW HAMPSHIRE

Volunteer Form:

PLEASE PRINT:

Date of Application: _____ How did you hear about us? _____

Name: _____ Phone Number(s): _____
(Last) (First) (Middle) (Home) (Cell)

Address: _____
(#) (Street) (Apt. #) (City) (State) (Zip)

Date of Birth: ____/____/____ Email: _____
(Month) (Day) (Year)

Emergency Contacts:

(1) _____
(Name) (Phone Number) (Relationship to you)

(2) _____
(Name) (Phone Number) (Relationship to you)

In signing this Liability Waiver, I agree that I am willingly volunteering with Catholic Charities New Hampshire and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I am wearing proper clothing and shoes that I believe will provide protection according to work conditions. _____ (Initials)

Release: I hereby release Catholic Charities New Hampshire, any and all sponsoring organization or partners and property owners from any and all claims that may arise from or result in any expenses, personal injury. _____ (Initials)

Adult/Child Photographic Release: Do you consent to photo or video that may be taken of you while you are volunteering to be used by Catholic Charities New Hampshire or any of its participating agencies for publicity and/or advertising? Yes – No

Do you have any physical or medical limitations that would inhibit some activities?

Volunteer Signature:

Parental/Guardian Signature: (If under 18)

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: **(This portion must be filled out in order to be processed.)**

Employer Name: St. Joseph Residence
Mailing Address: 495 Mammoth Rd.
City/State/Zip: Manchester, NH 03104
Telephone: (603) 668-6011
Fax: (603) 647-6648

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Gender: ☐ Female ☐ Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month _____ Day _____ Year _____ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: ☐ Applying ☐ Current Position
☐ employee ☐ consultant ☐ volunteer ☐ vendor ☐ other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**

**Consumer Report / Investigative Consumer Report
Disclosure and Authorization**

I understand that, in connection with my application for employment or at any time during my employment, **Catholic Charities New Hampshire** may conduct a background investigation on me for employment purposes.

I understand Catholic Charities New Hampshire may utilize PT Research, Inc., a consumer-reporting agency, to prepare a consumer report or investigative consumer report, as defined under the Fair Credit Reporting Act (15 U.S.C. § 1681, *et seq.*), in connection with the background investigation. A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for employment purposes. An "investigative consumer report" means a consumer report or portion thereof in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. Information for a consumer or report and/or investigative consumer report may be retrieved from several sources, including but not limited to public records, educational institutions, financial institutions, law enforcement and other government agencies, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records consistent with federal and state law. I understand that this information may be transmitted electronically and I authorize such transmission.

I further acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" which is attached to this Authorization. In the event an investigative consumer report is prepared, I understand that I may submit a written request for additional disclosures regarding the nature and scope of the investigation requested as well as a summary of my rights under the FCRA.

If information from a consumer report or an investigative consumer report is used in whole or in part in making an *adverse decision* concerning my employment or application for employment, before making the adverse decision Catholic Charities New Hampshire will provide me with a copy of the consumer report or investigative consumer report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any information contained in the report, I must notify Catholic Charities New Hampshire within 10 days of my receipt of the report.

AUTHORIZATION

I hereby authorize Catholic Charities New Hampshire to obtain a consumer report and/or an investigative report about me. If I am hired by Catholic Charities New Hampshire, this authorization shall remain on file and shall serve as an ongoing authorization for Catholic Charities New Hampshire to procure consumer reports and/or investigative consumer reports at any time during my employment. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

Signature

Date

Background Investigation & Release of Information Authorization

I, _____, hereby authorize, without reservation, PT Research and any party or agency contacted by PT Research, to furnish the above information. I further release and forever discharge Catholic Charities New Hampshire, PT Research, and any person/entity from which they obtained information from any liability resulting from providing such information.

I understand that this information will be transmitted electronically and authorize such transmission. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and that if employed by Catholic Charities New Hampshire this authorization will remain in effect throughout my employment.

Signature_____
Social Security Number_____
Date

The following information is provided voluntarily to identify you in the background screening process, and is not part of your employment application. Please print clearly.

Last Name_____
First Name_____
Middle Name_____
Street Address_____
City_____
State_____
ZIP_____
Driver's License Number_____
State of License_____
Expires On_____
Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your professional license/certification (RN, CNA, LNA).

Are you applying for employment in CALIFORNIA*, MINNESOTA, or OKLAHOMA?
If so, would you like to request a copy of any report prepared on you?

☐ Yes ☐ No
☐ Yes ☐ No

***CALIFORNIA APPLICANTS:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as "Investigative Consumer Reports." These reports may contain information on your character, general reputation, personal characteristics, and/or mode of living. Under California Civil Code §1786.22, you may view the report(s) maintained at the CRA during normal business hours. You may also obtain a copy by submitting proper identification and paying the cost of duplication by appearing at the CRA in person, by mail, or by telephone. The CRA is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.

NEW YORK and MAINE APPLICANTS: You have the right, upon written request, to be notified whether a consumer report was requested about you by the above-named company.

NEW YORK APPLICANTS: Should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

_____ **Please initial here to acknowledge receipt of Article 23-A of the New York Correction Law.**



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CONSUMER REPORTING AGENCY

CRIMINAL HISTORY RECORD INFORMATION REQUEST FORM

RSA 106-B:14 I (e)

A consumer reporting agency subject to and complying with the requirements of 15 U.S.C. Section 1681, et seq., conducting employment screening services, including the screening of independent contractors, may request and receive a copy of the state criminal conviction record for a felony, misdemeanor, or violation of a candidate being screened for employment purposes or as an independent contractor.

IDENTITY OF APPLICANT CHRI REQUEST (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Hair Color _____ Eye Color _____ ☐ Male ☐ Female
Driver's License Number _____ State _____

THIRD PARTY CONSUMER REPORTING AGENCY RECIPIENT

Name PT Research, Inc.

Address P.O. Box 4540 City Manchester State NH Zip 03108

Date _____

Pursuant to RSA 641:13, the above-named Consumer Reporting Agency has complied with the requirements of 15 U.S.C. section 1681, et seq. on the above-named applicant.

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual. RSA 106-B:14 I-a.(d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

☐

To prevent a delay in processing, I have enclosed a self-addressed envelope.

☒

Prepaid Acc't Number 810018171

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

DSSP

CCNH