

# OUR HARMONY CLUB INC. VOLUNTEER APPLICATION

Thank you so much for your interest in becoming a volunteer for Our Harmony Club, Inc. This program is only possible because of the dedication of our volunteers. We hope you find this experience enriching. You are truly appreciated. *Welcome!*

## Our Harmony Club Inc. Purpose and Goals:

Our Harmony Club Inc. consists of up to 6 hours of respite for the caregivers. The hours are from 9:00am-3:30pm. The cost of the club is **\$45.00** if the guest attends for 2, 4 or 6 hours. We do not pro-rate the cost of attendance. The **\$45.00** club fee covers all activities and a noon meal. Guests enjoy themselves by reminiscing, working on crafts, doing puzzles, taking part in sing-a-longs or just spending time together.

Transportation to and from Our Harmony Club Inc. is the responsibility of the caregiver.

The main goal of Our Harmony Club Inc. is to give the caregivers a break while we care for their loved ones for the day from 9:30 AM-3:30 PM.

The secondary goal of Our Harmony Club is to provide a pleasant, enjoyable day for the guests in an atmosphere where they can participate to their fullest potential.

## Our Harmony Club Inc. Structure:

Each community-based site has a site manager to oversee all activities.

Each site has a volunteer coordinator who plans activities for the day in advance, organizes the club throughout the day, calls volunteers for that club, and welcomes any suggestions or comments you have to offer.

All guests and volunteers wear a name tag. Some guests consider themselves “volunteers” but can be distinguished by their name tag. **GUEST** name tags have their **FIRST AND LAST NAME**. **VOLUNTEER** name tags have only their **FIRST NAME**.

## Volunteer Tasks:

Here are some of the tasks you might be asked to do:

- Sign in and out each time you volunteer
- If possible, please arrive early to help with the set up and activity preparation. Greet each person at the door and assist with coats. Place their coat on a hanger with their coat tag. If they do not have a coat leave the tag on the table. Assist them with a name tag.
- Offer guests a beverage and morning snack. Engage in conversation or activity until organized activity begins. Word search and puzzles are available. Please seat the guest in a chair with arms.

## ***\*Pay special attention to where your guest is always.***

- Stay with your assigned guest and encourage them to participate in the planned activities of the day. Encourage them to be as independent as possible. Craft time is a time for them to use their imagination. Please **encourage** them, don't do it for them, **help as needed**.
- Offer to guide the guest to the bathroom several times throughout the day, especially before lunch. Stay with your assigned guest returning to the common area together. Please do not assist the guest in the bathroom. If the guest needs help and please let the site manager know and they will assist them.
- If at any time you feel your guest needs help with a specific problem, notify the site manager.
- **Never** lift a guest. If your guest needs help in getting up or out of chairs, please call the site manager to assist you.

### **Absence**

If you are unable to come to Our Harmony Club, please call the site manager or site coordinator and let them know as soon as possible.

### **Contact Information**

If your contact information changes at any time during your volunteer experience, please let the site manager know.

### **Appearance**

Please dress in neat, clean, comfortable clothing. Jeans with holes, halter tops and shirts with inappropriate slogans should not be worn. Please always wear your name badge.

### **Inclement Weather**

The cancellation of Our Harmony Club, Inc., due to inclement weather is based on the Schools District's determination. If Unified is cancelled so is Club. This information is available on the local television news station. If you are in doubt, please call the site manager.

### **Infection Control**

- To prevent illness, we encourage you to frequently wash or sanitize your hands and the guests before meals.
- If you are working with food, please wash your hands thoroughly and use gloves when preparing food.
- If you notice a guest sneezing and coughing excessively, let the site manager know.
- Because we are interacting with older adults who are more vulnerable to illness, we ask that you stay home if you are feeling ill.

## **Gifts**

Volunteers should not accept any gifts or money from guests.

## **Personal Cares & Emergency Situations**

Volunteers should never try to lift or move a guest, perform a medical procedure, assist with medication or assist with personal cares such as helping someone inside a bathroom-even if you have professional training, please let the staff know if a guest needs assistance.

If you see a guest in distress or in an emergency such as a fire, difficulty breathing, or swallowing, slurred speech, dizziness, please notify the site manager immediately. Please stay with the guest until help arrives.

## **Confidentiality**

**You must honor the guest's right to confidentiality. Do not disclose any information about the guests to anyone except the supervisor or coordinator, which is considered within the bounds of confidentiality. Your volunteer service is contingent upon a respect for guest privacy and sensitivity to cultural diversity.**

# THE VOLUNTEER BILL OF RIGHTS

## **WE BELIEVE THAT VOLUNTEERS SHOULD HAVE THE FOLLOWING RIGHTS**

1. The right to be treated as a team member not just as free help, but as someone special.
2. The right to a suitable assignment with consideration for personal preference, temperament, experience education and employment background.
3. The right to know as much about the program as possible including policies, people, and programs.
4. The right to education for the job through thoughtfully planned and effectively presented programs
5. The right to sound guidance and direction by someone who is experienced, patient, well-informed and thoughtful and who has the time to invest in giving guidance.
6. The right to a place to work with orderly, chosen, conducive to work and worthy of the job to be done.
7. The right to be heard and take part in the planning. To feel free to make suggestions and to have respect shown for honest opinions.
8. The right of recognition through fair treatment on a day-to-day basis.
9. Our Harmony Club does not discriminate based on sex, race, religion, or age.

## MASTER CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday
No Club	<b>Lord of Life</b> 5601 Washington Rd Kenosha	<b>St Josephs</b> 1540 Mill St Lyons, WI	<b>St. Richard's</b> 1503 Grand Ave Racine	No Club
<b>St. Sebastian's</b> 3030 95 <sup>th</sup> St Sturtevant	<b>New Life</b> 2100 75 <sup>th</sup> St Kenosha	<b>St Joseph's</b> 1540 Mill St Lyons, WI	<b>St. Richard's</b> 1503 Grand Ave Racine	No Club
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\*(Clubs are subject to change. Prior notice will be given. We do not meet on holidays.

**ANY QUESTIONS OR CONCERNS PLEASE CALL:**

Dawn 262-880-5301 // Anna Callan 414-418-3097

# Our Harmony Club Inc. Volunteer Application

PLEASE PRINT

First Name \_\_\_\_\_ M \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about the club? \_\_\_\_\_

## *Tell us about yourself!*

Are you currently SINGLE MARRIED WIDOWED DIVORCED

Employed? \_\_\_\_\_ Where? \_\_\_\_\_ Position: \_\_\_\_\_

Retired? \_\_\_\_\_ From Where? \_\_\_\_\_ Position: \_\_\_\_\_

How long did you work there? \_\_\_\_\_ How long ago did you retire? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Would you be interested in helping in the kitchen or leading craft? YES NO MAYBE

Where did you retire from? \_\_\_\_\_

Which site(s) would you like to volunteer at? \_\_\_\_\_

Confirm your e-mail: \_\_\_\_\_

## *Please provide Emergency Contact Information.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternative Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternative Phone (\_\_\_\_) \_\_\_\_\_

# OUR HARMONY CLUB INC. VOLUNTEER AGREEMENT

## Signature and Acknowledgement Page

I hereby agree to the above conditions of my volunteer role in Our Harmony Club Inc. I grant permission for Our Harmony Club Inc. to conduct a criminal background check on me and understand that I am not responsible for the background check fee. **I agree not to hold Our Harmony Club Inc. Liable for any incidences occurring while performing volunteer service at Our Harmony Club Inc. sites.**

Agree \_\_\_\_\_ Do not Agree \_\_\_\_\_

## Confidentiality

I understand that if I have been found not to demonstrate respect for guest's dignity in following confidentiality procedures, by sharing personal information including guest name, activities or other information regarding any guest to anyone outside the Our Harmony Club Inc. site. The Our Harmony Club, Inc. director may enforce a termination of my volunteer services from all sites.

Agree \_\_\_\_\_ Do not agree \_\_\_\_\_

## Multimedia/Photography/Image/Artwork Release

I, the undersigned, being of legal age, agree that photographs, motion pictures and or videotape recordings made of me/or any artwork I have produced through Our Harmony Club, Inc. programing and with my consent may be used by Our Harmony Club, Inc. or its successors or assigns may be used for promotional/publicity purposes, without compensation there being paid or due me for this release and the photos, film and/or recordings made.

I also agree that Our Harmony Club, Inc. of Racine County, WI. and its agents and assigns shall not be held responsible for inadvertent errors in connection with the above

Agree \_\_\_\_\_ Do not agree \_\_\_\_\_

Volunteer's Signature

Volunteer's Printed Name

Date

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I choose to volunteer at the following site(s)

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