

AGING SERVICES FOR COMMUNITIES (ASC)
VOLUNTEER JOB DESCRIPTION

JOB TITLE: Respite Volunteer

PURPOSE: To provide relief to the primary caregiver of an elderly disabled adult on regular basis.

RESPONSIBILITIES:

1. Provide companionship, safety and supervision for the care receiver while the caregiver is away.
2. Abide by the determined care plan and emergency procedures specific to the care receiver's needs.
3. Be punctual and reliable.
4. Notify the Director of ASC immediately in the event of an accident or other adverse circumstances.
5. Transport client(s) and/or equipment, if approved by supervisor.
6. Observe and report any concerns/changes in client's functioning to director.
7. Complete volunteer timesheets and submit to director.
8. Keep client and agency information confidential.
9. Conduct duties in an unbiased manner in which all clients, volunteers and staff are treated equally regardless of race, gender, physical and mental abilities and/or sexual orientation.

QUALIFICATIONS:

1. Mature judgment and ability to cope with small problems that may arise, as well as the ability to respond to potential crisis situations in a responsible way
2. Adequate physical abilities to ensure the physical needs of the specific care receiver are met
3. Adequate sensory alertness to protect the safety of the care receiver
4. Ability to respect the caregiver/care receiver and their property
5. Ability to listen and respect the feelings and values of others
6. Ability to meet and adhere to agency driving standards, if volunteer transports client, client's belongings or agency property in personal or agency vehicle
7. Sensitivity to the needs of elderly people
8. Ability to work with clients who have mental illness, dementia, low cognitive functioning or chemical dependency

TRAINING:

1. Opportunity to attend ongoing in-services on aging related issues

SUPERVISION PLAN: Ongoing supervision and support from director

LOCATION: In client home(s)

COMMITMENT: One year commitment preferred, renewable each year; two – four hours/week preferred.

BENEFITS:

Satisfaction of knowing you are helping meet the needs of an elderly person

Liability and accidental insurance coverage, mileage reimbursement, invitation to recognition events

Volunteer's Signature: _____ *Date:* _____

Supervisor's Signature: _____ *Date:* _____

Respite Volunteer Application

Aging Services for Communities (ASC)

212 1st St. S., P.O. Box 7

Montgomery, MN 56069

Email: AgingServices@frontiernet.net

507-364-5663

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact Person/Phone: _____

Level of Education Completed: High School ____ Vocational/College _____

Do you have an educational license or degree and in what? _____

Do you have experience volunteering? _____ If yes, Where? _____

What are your interests and hobbies? _____

When would you be available to volunteer? Day's ____ Evenings ____ Weekends ____

How many hours a week would you be available to volunteer? _____

Driver's License Number? _____

Vehicle Insurance Provider & Policy Number: _____

Do you smoke? Yes ____ No ____ Are you allergic to cigarette smoke? Yes ____ No ____

Are you allergic to pets? Yes ____ No ____ If yes, explain: _____

Do you have any physical limitations to volunteering? Yes ___ No ___

If yes, explain:

How did you hear about this program? Newspaper _____ Church Bulletin _____
Friend _____ Other _____

Please list 3 Business or Personal References. Please do not list relatives:

1. Name: _____

Relationship to you: _____

Address/Phone: _____

2. Name: _____

Relationship to you: _____

Address/Phone: _____

3. Name: _____

Relationship to you: _____

Address/Phone: _____

My signature guarantees that the above information is true and I give permission for the Aging Services for Communities (ASC) Director to contact my references and to conduct a routine Criminal Background Check.

Signature: _____ Date: _____

Social Security Number for Background Check: _____

**** Please attach copy of your driver's license and insurance policy face sheet. We ask for this because we provide a liability insurance.