

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

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*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: [karen@aging-services.org](mailto:karen@aging-services.org)

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.