



Governor Bacon Health Center

Volunteer FAQ

How do I apply to become a volunteer?

Volunteers must submit an application packet and schedule an interview. If it is a good fit and a volunteer position is offered, volunteers will schedule to attend an orientation.

How do I set up an interview to become a volunteer?

Call the Volunteer Services Coordinator at 302.223.1011 or email Richard.matthews@delaware.gov to schedule an appointment for an interview.

Is there a minimum time commitment required to volunteer?

We would like to have a commitment from volunteers for one shift a week for at least 3 months— we understand that is not always possible— we are flexible!

When is the best time to apply to volunteer?

Due to holiday preparations and programs, it is highly recommended that interested volunteers consider applying prior to October 1st, or after February 1st.

Do you have a program for high school students in the summer time?

The student summer Volunteer-Teen program applications are due by May 1st. Student summer orientation will be held in June. Minimum age for volunteering is 14 years old without a parent.

What is included in the Volunteer Application Packet?

The Volunteer Application Packet includes consent to check Public Sex Offender, Adult Abuse and Office of Inspector General registries & a child abuse registry consent form. (no cost to volunteer)

Is a flu vaccination required to volunteer?

Flu vaccinations are required end of September through May 1st. Volunteers must submit proof of vaccination or may receive a flu shot, free of charge, at GBHC annually (or a mask must be worn).

Is a PPD/TB test required to volunteer?

Yes, volunteers may receive a PPD/TB test, free of charge, at GBHC annually.

GBHC Volunteer Opportunities

Music & Memory Program Assistant

Assist residents on a music memory journey. Computer/ iPod savvy volunteers may set up iTunes playlists, update play lists, download music and may, if interested, also offer iPod music to residents, buddy listen and interact with residents.

Day, Evening and Weekend hours available.

Friendly Visitor

Make weekly visits with an assigned resident. Chat take a stroll or trip to the snack bar, go fishing, read a book, or any other activity the resident may request.

Activity Assistant

Assist in our Activity Therapy program with craft activities, cooking group, Bingo and other games, parties, transporting residents to and from activities, one on one visiting with residents.

Cookie Baker

Bake delicious cookies (Birthday cake, breads & other items) for the residents at the facility, package and deliver to the resident units along with alternative items for those on special diets. Specific times will be determined.

Beauty Shop Assistant

Assist cosmetologists with spa services- painting nails, hand massages, and transporting residents to and from the beauty shop.

Physical Therapy Assistant

Assist Physical Therapists, transport residents to and from Physical Therapy appointments.
Librarian

Assist in the resident's library by shelving books, organizing returned and donated books, decorating display cases, assist residents in selecting items.

Office Assistant

Assist in a busy office with filing, logging donations, shredding and general organization. Exceptional phone etiquette and attention to detail is required. Wednesday & Friday 9AM—12P or 12PM — 3PM

Donation Room Organizer

Assist with keeping the donations organized and easily accessible in the Volunteer Services donation room. Keep shelves clean and tidy, organize donations according to season, clothing sizes etc. Wednesday & Friday 9AM—12P or 12PM — 3PM.

College Internships and High School community service programs are available! Inquire with the Volunteer Services Coordinator.



Governor Bacon Health Center Volunteer Application

Personal Information

Date _____

Last Name _____ First Name _____ MI _____

Nickname _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email address _____

Personal History *optional

Date of Birth _____

Check appropriate blank employed unemployed student retired

Employer/School _____ Phone _____

Title/Position _____ May we contact if necessary? yes no

Have you ever been convicted of or pled guilty to a crime other than a misdemeanor or traffic violation? If no, state No. If yes, please explain. An answer must be provided, or application will not be processed.

Emergency Information

Emergency Contact _____ Relationship _____ Phone _____

Do you have any health or physical limitations that could affect your volunteer assignment? yes no

If yes, please explain: _____

Volunteer Information

How did you learn about our Volunteer Program?

Friend/Family member Newspaper Volunteer Match Facebook

School/Employer _____

What motivated you to volunteer?

Previous or current volunteer experience:

What are your special skills, experience, talents, and hobbies that you can utilize as a volunteer:

Mission Statement It is our mission to provide quality care
and support to those we serve.

Commitment of Confidentiality

I, _____, understand my obligation to maintain complete confidentiality of information in order to protect residents and their families, as well as all members of GBHC and any affiliate from improper disclosure of information, particularly when the information is related to the health, business or personal matters of those listed above. I also understand that confidentiality must be maintained regardless of the source of information. I understand that if I violate confidentiality I will be released from volunteer service.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

(Required if Volunteer is under 18 years of age)

Agreement

During the processing of this application and, if accepted into the Volunteer Program at the Governor Bacon Health Center (GBHC), I agree to the following.

1. I give permission for a tuberculosis skin testing (PPD) to be conducted once a year or as necessary.
2. I agree to abide by all facility rules and regulations and those of the Volunteer Department. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by facility policies. I understand that I may end my volunteer service with the facility at any time. In order to remain in good standing and be considered for future service, a two-week notice is required. In addition, my service may be discontinued by the facility at any time and for any reason. Finally, I understand that a volunteer position and any related documents are in no way a contract, promise, or consideration of employment.
3. I give permission to GBHC to investigate any and all information concerning my application to determine my qualifications. This includes but is not limited to criminal background checks, adult abuse registry checks, child abuse registry checks, sex offender checks, employment checks and personal reference checks.
4. In the event of resignation or termination, I agree to return all facility property such as badges, books, etc.
5. I understand that I must commit at least twenty hours of volunteer service before any references can be completed on my behalf, unless otherwise arranged.

My signature below indicates that I have read, understand, and consent to the above statement. This authorization or photocopy shall serve as consent for the facility to request any information concerning my application.

Applicant Signature _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____
(Required if applicant is under 18 years of age)

Affirmation

I _____ understand that falsifying any information on this application will disqualify me from being able to participate in the Volunteer Program. I affirm that all of the information I have provided on this application is accurate to the best of my knowledge.

Applicant Signature _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____
(Required if Volunteer is under 18 years of age)

GBHC IS AN EQUAL OPPURTUNITY FACILITY. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, ANCESTRY, RELGION, AGE, SEX, NATIONAL ORGIN, OR NON-JOB-RELATED PHYSICAL OR MENTAL DISABILITY. WE ARE COMMITTED TO THESE PRACTICES.



Governor Bacon Health Center Volunteer Services Applicant Survey

In which areas of the Hospital would you be interested in volunteering?
Check all that apply.

<input type="checkbox"/>	Activity/Friendly Visitor	<input type="checkbox"/>	Music & Memory Assistant
<input type="checkbox"/>	Cookie Baker	<input type="checkbox"/>	Clothing Closet Assistant
<input type="checkbox"/>	Physical Therapy Assistant	<input type="checkbox"/>	Donation Room Organizer
<input type="checkbox"/>	Beauty Shop Assistant	<input type="checkbox"/>	College Internship (semester)
<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	High School Student Summer Program (June- August)

Other please explain:

Day & Time Availability

I am interested in working _____ hours per week.

Please indicated which days you are available: Sun / Mon / Tues / Wed / Thurs / Fri / Sat

What time of the day are you available? _____ AM/PM until _____ AM/PM

Applicants Name: _____



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit
Concord Plaza, Hagley Building
3411 Silverside Road
Wilmington, DE 19810

Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Do not use a cover sheet**
- **Do not send duplicate requests**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: _____
Last First Middle

Other Name(s) used: _____ DE Drivers License # _____

Social Security # _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Gender: _____ Race: _____
mm / dd / yyyy

Address: _____
(Street) (City) (State) (Zip)

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [] Yes [] No

If yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY/ORGANIZATION INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Please check only one:			
EDUCATION	HEALTH CARE	CHILD CARE	FOSTER CARE/ADOPTION

Requesting Agency Name: Delaware Hospital of the Chronically Ill

Address: 100 Sunnyside Road, Smyrna, DE 19977

Phone: 302-223-1011 Fax: 302-223-1275 Contact Person: Richard Matthews

Contact E-Mail: Richard.Matthews@delaware.gov

DSCYF USE ONLY:

The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____