



## **Volunteer Job Description, Expectations, and Application**

What are our anticipated outcomes? What do we hope to accomplish for participants?  
Caregivers? Volunteers?

### **Participants will:**

- Enjoy the experience
- Feel and BE safe
- Feel cared for
- Be mentally stimulated
- Engage in meaningful, purposeful activities
- Enjoy interaction with others
- Have opportunities for success

### **Caregivers will:**

- Enjoy a time of respite from their caregiving responsibilities
- See the Day Club as a safe place to leave their loved one
- Know that their loved one is a priority to staff and volunteers

### **Volunteers will:**

- Complete a volunteer application and background check
- Know what is expected of them
- Have read the Volunteer Handbook and signed the “Statement of Compliance”
- Have access to materials and instructions essential for successful activities
- Feel they are engaged in a meaningful activity
- Have life story information for participants

### **Volunteer Time Commitment:**

#### **a. Thursdays from 9:30 a.m. – 2:30 p.m. (Day Club 10:00 a.m. – 2:00 p.m.)**

Plan to stay the entire time. Help with set up and take down each week. Avoid setting other appointments or making plans that will interfere with your Day Club commitment. Notify the coordinator well in advance if you will miss, be late, or leave early. We understand emergencies will arise, but those will be rare occurrences.

## **b. In-Between Sessions**

Assist the coordinator as needed to plan a specific activity, bring an object as requested, or think about the week's theme and how to interact with participants in a meaningful way.

### **Safety:**

Constantly be attentive to the whereabouts of each participant. Cooperate with the coordinator to enforce all safety precautions and plans. Be especially vigilant as participants arrive and as they leave to be sure no one slips out the door unseen.

### **CARES Approach: Dementia Basics & Dementia Related Behavior Online Courses**

Learn and adhere to the principles set forth in the CARES Approach. Familiarize yourself with the life stories of participants and use this information as you interact with them. Model for and share with family caregivers the principles of the CARES Approach.

### **Snacks:**

Assist with serving snacks to the participants and with cleaning up. At least one volunteer must be at each table of participants. Volunteers may not segregate themselves for snack or private visiting time.

### **The “Rules of Engagement:”**

The participants are our top priority. Our interaction should be with them rather than other volunteers or staff. Volunteers are expected to focus on and engage with participants at all times.

As participants arrive, greet them and involve them in the planned activity.

- CPR/Adult First Aid Training for all volunteers will be offered yearly. Please plan to attend.
- Keep Coordinator informed of any changes in your own contact information.
- Be positive, cooperative and supportive.
- Smile a lot!
- Treat participants with dignity and respect.
- Take concerns and suggestions directly to the Day Club Coordinator.



Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor): Yes / No

If yes, please explain: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What specific skills (other languages, hobbies, talents, etc.) do you have?

---

---

---

Do you prefer: Working with individuals / Groups / Staff/Indirect Support

Background (check all that apply):

- I am a \_\_\_\_\_ family member; my \_\_\_\_\_ has/had Alzheimer's disease  
\_\_\_\_\_ friend of a person with Alzheimer's disease  
\_\_\_\_\_ health care professional  
\_\_\_\_\_ community supporter of the Alzheimer's Alliance

How did you first hear about the East Texas Alzheimer's Alliance? (family, friend, newspaper, website, etc.): \_\_\_\_\_

Why do you wish to volunteer for East Texas Alzheimer's Alliance? \_\_\_\_\_

Personal Reference:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---