



Thank you for your interest in volunteering with Eliza Jennings!

To begin the volunteer process, please review and complete the attached documents:

- Two-page volunteer application form
- One-page request for emergency contacts
- One-page volunteer background check consent form
- One-page list identifying Ohio Senate Bill 160 infractions
- One-page volunteer TB consent form

Once we've received your completed application form, the background check consent form, and the form listing your emergency contact names, we will contact you for a brief interview. Next you will be asked to visit one of our Human Resources offices for a background check including a computerized recording of your fingerprint impressions. The process is brief and there is no cost to our volunteer applicants. Finally, all volunteers working more than 10 hours per month are required to have a two-step Mantoux/Tuberculosis (TB) skin test, administered by Eliza Jennings staff at no cost to the volunteer.

Please forward your completed forms to Kimberly Hernandez at the address below. You may do so via the US Postal Service, by email attachment to khernandez@elizajen.org, or feel free to drop them off at the address below.

Eliza Jennings
Attn: Kimberly Hernandez
10603 Detroit Avenue
Cleveland, OH 44102

In the meantime, thank you again for your interest in Eliza Jennings! I look forward to the possibility of meeting you in the very near future.

Sincerely,

A handwritten signature in black ink that reads "Kimberly R. Hernandez". The signature is written in a cursive, flowing style.

Kimberly R. Hernandez
Network Human Resources Director

Mission Statement: *We affirm the dignity and individual worth of older adults and their right to attain the highest possible quality of life. We strive to nurture and sustain their physical, emotional, intellectual, social and spiritual health. We are committed to having a community in which every member is equally respected, valued and empowered.*



ADULT VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name: _____

Address: _____
(Street number and name) (Apartment Number)

City/State/Zip Code: _____

Home phone: (____) _____ Work phone: (____) _____

E-mail address: _____ Cell phone: (____) _____

Preferred method(s) of contact: Home phone Work phone Cell phone E-mail

How did you hear about our program?

Eliza Jennings Website Eliza Jennings Staff Eliza Jennings Volunteer News Media

Eliza Jennings Resident Other _____

Please note other volunteer work and/or memberships in service clubs or community organizations:

Please note any special training (activities/hobbies/special interests) or skills that you have such as computer skills, teaching, foreign language skills, sewing, playing a musical instrument or making crafts.

Last year of school completed: _____ Name of school: _____
(Grade school/GED/high school/college/university)

Please briefly explain why you are interested in volunteering with Eliza Jennings:

Times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Weekly, _____ Number of times per week Monthly, _____ Number of times per month As needed

Volunteer Service Opportunities

Please check off community preference(s) and interests listed below. Every attempt will be made to honor your preferences. However, the community needs, your time availability, and the interviewer’s recommendation will be taken into consideration in determining our assignment.

Community Preference:

- Eliza Jennings Home, 10603 Detroit Ave., Cleveland
- SAIDO Learning Center, 10603 Detroit Ave., Cleveland
- Devon Oaks Assisted Living, 2345 Crocker Rd., Westlake
- Retirement Campus at The Renaissance, 26376 John Rd., Olmsted Township

Service Areas/Interests:

- SAIDO Volunteer – assisting staff with older adults who are living with dementia
- Activities Volunteer – assisting staff with programs and activities
- Landscaping/gardening projects (seasonal)
- Companionship volunteer – providing assistance, conversation, and friendship to residents
- Baking/Food Prep demos
- Transport to off campus appointments
- Light clean-up/repair jobs throughout the community
- Office Projects Reception/Greeter Community Outings
- Arts and Crafts Games/cards Pet Therapy/ Dog Walker
- Books/Reading Outings Wheelchair Transportation
- Friendly visitor Fitness/exercise/dance
- Mail delivery

Applicant commitment and confidentiality statement:

I hereby certify that this information is true and complete. I understand that completion of this application does not obligate Eliza Jennings to engage me on a voluntary basis. As a volunteer of Eliza Jennings, I agree to abide by the organization’s policies and procedures. I agree that all work I perform for Eliza Jennings is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I further understand that any work I perform for Eliza Jennings becomes the property of Eliza Jennings. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any liability for any accident, injury, or health problem that may arise from my work for the organization. I understand that a background check, using electronic fingerprint recording, will be conducted by Eliza Jennings prior to my assignment as a volunteer. **Opportunities for volunteers are provided without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetic information or any other legally protected status.**

Volunteer applicant’s signature: _____ Date: _____

EMERGENCY CONTACTS

List the name(s) and phone number(s) of one or two friends or family members we can contact for you in the event of an emergency while you are engaged on Eliza Jennings' premises.

Emergency contact's name: _____

Person's relationship to me: _____

Person's work telephone: _____

Person's home or cell telephone: _____

Person's Email address: _____

Emergency contact's name: _____

Person's relationship to me: _____

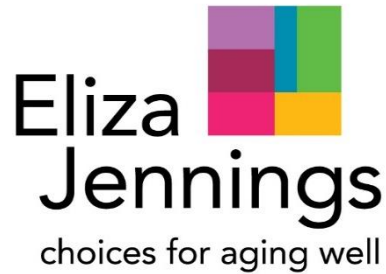
Person's work telephone: _____

Person's home or cell phone: _____

Person's Email address: _____

Print volunteer's name: _____ Date: _____

Volunteer's signature: _____



LONG TERM CARE BACKGROUND CHECK
REQUIRED BY OHIO SENATE BILL 160
CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal records check for long-term care workers/volunteers, as required by Senate Bill 160 and Eliza Jennings. **I have reviewed the attached one-page document listing the specific infractions covered by Senate Bill 160.**

This request will be submitted by Eliza Jennings to the Bureau of Criminal Investigation.

I also attest to the following:

1. That I have not been convicted of, or plead guilty to, any of the crimes that would disqualify me from working and volunteering with older adults under Senate Bill 160.
2. That I understand and agree that if I am found to have a record of any of those crimes, or if Eliza Jennings does not receive a response from BCI/FBI within 30 days, I will not be permitted to work/volunteer with older adults or, if I have already begun working/volunteering, that my conditional employment/volunteering will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal/records check must be conducted if I come under final consideration for working/volunteering.

I have resided in Ohio for the past five years: Yes No

Printed name of applicant

Signature of applicant

Date

State of Ohio Senate Bill 160 Infractions

Ohio Revised Code Section

Homicide/Assault:

2903.01 Aggravated murder
2903.02 Murder
2903.03 Voluntary manslaughter
2903.04 Involuntary manslaughter
2903.11 Felonious assault
2903.12 Aggravated assault
2903.13 Assault
2903.16 Failing to provide for functionally impaired person
2903.21 Aggravated menacing
2903.34 Offenses against residents or patients of care facilities

Kidnapping/Extortion:

2905.01 Kidnapping
2905.02 Abduction
2905.11 Extortion
2905.12 Coercion

Sexual Crimes:

2907.02 Rape
2907.03 Sexual battery

2907.05 Gross sexual imposition

2907.06 Sexual imposition
2970.07 Importuning
2907.07 Voyeurism
2908.09 Public indecency
2907.12 Felonious sexual penetration
2907.25 Prostitution
2907.31 Disseminating matter harmful to a juvenile

2907.32 Pandering obscenity
2907.321 Pandering obscenity involving a minor
2907.322 Pandering sexually oriented material involving a minor
2907.323 Illegal use of a minor

Robbery/Burglary:

2911.01 Aggravated robbery
2911.02 Robbery
2911.11 Aggravated burglary
2911.12 Burglary
2911.13 Breaking and entering

Theft:

2913.02 Theft; aggravated theft
2913.03 Unauthorized use of a vehicle
2913.04 Unauthorized use of property
2913.11 Passing bad checks
2913.21 Misuse of credit cards
2913.31 Forgery
2913.40 Medicaid fraud
2913.43 Securing writings by deception

2913.47 Insurance fraud
2913.51 Receiving stolen property

Domestic Violence:

2919.25 Domestic violence

Public Administration:

2921.36 Conveyance of certain items onto grounds of detention, MRDD, or MH facility

Weapons Offences:

2923.12 Carrying concealed weapons
2923.13 Having weapons while under a disability
2923.161 Improperly discharging a firearm at or into a school or house

Drug Offenses:

2925.02 Corrupting another with drugs
2925.03 Trafficking offenses
2925.11 Drug abuse
2925.13 Permitted drug abuse
2925.22 Deception to obtain dangerous drug

2925.23 Illegal processing of drug documents

Food:

3716.11 Adulterated food



TUBERCULOSIS CONSENT FORM

By signing this form, you consent to receive the Tuberculosis testing as administered by Eliza Jennings. To the best of my knowledge, I have not had a reaction to tuberculosis skin tests in the past.

Signature of Applicant

Date