



VOLUNTEER APPLICATION

Please complete front and back of every page.



NAME		DATE	
ADDRESS		CELL PHONE	
CITY, STATE, ZIP		HOME PHONE	
EMAIL			
PREFERRED METHOD OF CONTACT (CIRCLE ALL THAT APPLY) HOME CELL TEXT EMAIL			
EMPLOYER		DATES	
POSITION			
HIGH SCHOOL		GRADUATED	
COLLEGE		DEGREE	
TECHNICAL TRAINING, CERTIFICATIONS OR OTHER EDUCATION			
HOW DID YOU HEAR ABOUT LCCOA?			
DO YOU HAVE ANY EXPERIENCE WORKING WITH SENIORS OR VOLUNTEERING? IF YES, BRIEFLY EXPLAIN.			
WHY WOULD YOU LIKE TO VOLUNTEER?			
I AM OPEN TO VOLUNTEERING (CIRCLE ALL THAT APPLY)			
MEALS ON WHEELS DRIVER		KITCHEN AIDE	GROCERY SHOPPER
		OFFICE SUPPORT	COMMUNITY + EVENT
FRIENDLY VISTOR			
SKILLS, EXPERIENCE OR SPECIAL INTEREST YOU WOULD LIKE TO SHARE AS A VOLUNTEER?			
I AM AVAILABLE TO VOLUNTEER IN (CIRCLE ALL THAT APPLY)			
EASTLAKE	MADISON	MENTOR	PAINESVILLE
			WICKLIFFE
			VIRTUALLY
			ANY

PLEASE INDICATE DAYS AND TIMES THAT YOU ARE AVAILABLE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	AM	AM	AM	AM	AM	AM
AFT	AFT	AFT	AFT	AFT	AFT	AFT
EVE	EVE	EVE	EVE	EVE	EVE	EVE

Do you have physical/mental conditions that would prevent you from fully performing the duties described in the volunteer position description for which you are applying?

If so, please discuss with your interviewer any special needs.

Have you been issued a traffic violation in the last 3 years? YES NO
If yes, please explain:

Have you ever been convicted of a misdemeanor or felony? YES NO
If yes, please explain:

REFERENCE REQUEST

Please list three references who have known you for at least two years. Please do not include relatives.

Name _____ Relationship _____

Address _____

Email _____ Phone _____

Name _____ Relationship _____

Address _____

Email _____ Phone _____

Name _____ Relationship _____

Address _____

Email _____ Phone _____

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____ 2nd Phone _____

The Lake County Council on Aging strives to provide a positive volunteer experience. Volunteers are treated as an equal partner with agency staff, jointly responsible for the fulfillment of the agency's mission. Volunteers are provided information, training, supervision and support to accomplish a quality outcome.

I agree to serve as a volunteer to the Lake County Council on Aging and to perform my duties based on my position description, the eligibility standards and policies, and to the best of my abilities. I agree to adhere to the agency rules, procedures, record-keeping requirements and confidentiality practices. I will meet time and duty requirements or provide adequate notice so that alternate arrangements can be made. As a volunteer, I agree to serve without expectation or promise of current or future compensation or employment.

Signature _____ Date _____

If under the age of 18, Parent Signature is required _____

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow Lake County Council on aging to perform a check of my background, including:

- Criminal record
- Driving record
- Past employment/volunteer history
- Education/professional status
- Personal references

And other persons or sources as appropriate to volunteer jobs which I have expressed an interest. I do understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check, will be limited to that appropriate to determining my suitability for a particular types of volunteer work and that all information collected during this check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such information as they deem appropriate.

WEB CHECK WAIVER

I hereby certify that I have given agency (BGLL 192 –Lake County Council on Aging) permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and investigation (BCI&I). By placing my fingerprint images on the WEBCHECK scanner, I am authorizing (BCI&I to release criminal history information about me to person (s) /agencies indentified in this request for a period of one year from the date of this transaction.

I hereby release BCI&I and any and all individuals indentified in this request from all liability in connection with dissemination of such crimmial history information.

I agree

I do NOT agree

Photo Release

I hereby assign Lake County Council on Aging to use a photo of me and hereby authorize the reproductions of the said photo by the Lake County Council on Aging without limitation. I indemnify and hold harmless the Lake County Council on Aging against any claims including but not limited to, any claims in the nature of libel slander, invasion of privacy or publicity rights and errors of omission.

I agree

I do NOT agree

I hereby certify that the above information is true, accurate and complete, and it may be shared with staff on the Lake County Council on Aging.

Signature _____ Date _____

If under 18 years of age, Parent Signature is required _____

Please return completed application to:

LLlewellyn@Lccoa.org

Lake County Council on Aging

Attn: Linda Llewellyn

8520 East Ave

Mentor, OH 44060

Western Reserve Area Agency
**PASSPORT PreAdmission Screening System Providing Options & Resources Today
REQUIRED INFORMATION FOR PROVIDER AGENCY EMPLOYEES AND VOLUNTEERS**

A. DESCRIPTION OF PASSPORT'S PHILOSOPHY, PURPOSE AND ORGANIZATION

The PASSPORT philosophy is based on the belief that no older person should be forced to accept nursing home placement because of the lack available home care services.

PASSPORT is a Medicaid Waiver Program, Home and Community Based Service III. The program provides screening and assessment of persons, age 60 and over, at risk of nursing home placement. Enrollment in PASSPORT is based on eligibility criteria include financial, health, ability to function and safety among others.

Funded by a state-federal match, the Ohio Department of Job & Family Services receives the monies and contacts with the Ohio Department of Aging (ODA) to administer the program. In turn the ODA contacts with the regional Area Agencies on Aging to manage each local program. Locally, PASSPORT is a program of the Western Reserve Area Agency on Aging (WRAAA) serves Cuyahoga, Geauga, Lake, Lorain, and Medina counties.

The purpose of PASSPORT is to ensure that low-income persons, who otherwise would need to be in nursing facilities, have information about community-based long-term care options. Individuals are professionally assessed to determine if their needs can be met in the community. If so, they can remain at home if needed services are no more than 60% of comparable Medicaid nursing home costs.

B. SERVICES

PASSPORT provides individual case management for a mix of services delivered to the consumer in the community. PASSPORT's 12 long term care services are provided by organizations across our 5 counties. These organizations have met all the standards and rules for the services they provide. Ongoing monitoring and quality assurance evaluation of these services is part of the contract with PASSPORT.

The case manager develops the Plan of Care with the consumer, caregiver and community agencies. The Plan of Care must be approved by the consumer's physician. The Plan of Care includes all the services the consumer receives. The case manager then develops the service for contracted providers. Case managers monitor care and adjust the services delivered to assure the consumer's continuing health and safety and needs are met. Case managers serve as the gatekeeper for funds spent on an individual consumer and therefore must authorize services in order for an agency to get paid.

C. COMMUNICATION / NOTIFICATION

Effective coordination of consumer services requires ongoing communication between the PASSPORT Provider and Case Manager and internally within agency. It is very important that all changes are communicated to the PASSPORT case manager or supervisor. Increased changes in services not are paid automatically without prior PASSPORT Case Manager approval. Because most PASSPORT consumers receives many services, and their health and safety frequently depends on the services it is essential that PASSPORT be notified when any change in consumer service, health or environment occurs immediately or within 24 hours. This includes timely notification of accidents, incidents, occurrences absences, deaths, relocations, hospitalizations and suspected abuse.

D. PASSPORT CODE OF ETHICS

(B) Agency providers: these are conditions any provider who seeks to become, or to remain, an ODA-Certified long- term care agency provider: Rule 173-39-02 (B)(f) the provider shall adapt implement ethical standards to require works to provide services in a professional, respectful and legal manner and not engage in any unprofessional, disrespectful or illegal behavior including the following:

- (i) Consuming the consumer's food or drink or using the consumer's personal property without his/her consent.
- (ii) Bringing a child, friend or relative and or a pet into the consumer's place of residence.
- (iii) Taking the consumer to a provider's place of business.
- (iv) Consuming alcohol during the delivery of services to the consumer.
- (v) Consuming medicine, drugs, or any chemical substances not in accordance with the legal, valid prescribed use, or in any way that impairs the delivery of services to the consumer.
- (vi) Discussing religion or politics with the consumer and others in the care setting.

- (vii) Discussing personal issues with consumer or any other person in the care setting
- (viii) Accepting, obtaining, or accepting to obtain money or anything else of value including gifts, or tips from the consumer or his/her household members or family members.
- (ix) Engaging in sexual conduct or in the conduct that is reasonable person would interpret as sexual in nature, even if the conduct is consensual.
- (x) Leaving the consumer's home for a purpose not related to the provision of services without notifying the agency supervisor, the consumer's emergency contact person, any identified caregiver, or the consumer's case manager. "Emergency contact person" means a person the consumer or caregiver wants to provide to the contact in the event of an emergency to inform the person about the nature of the emergency.
- (xi) Engaging in any activity that may distract the provider from service delivery, including:
 - (a) Watching television or playing video games.
 - (b) Engaging in non-care socialization with a person other than the consumer (eg a visit from a person who is not providing care to the consumer, making or receiving a personal telephone call, or sending or receiving a personal text message or email).
 - (c) Providing care to a person other than the consumer.
 - (d) Smoking without the consumer's consent.
 - (e) Sleeping
- (xii) Engaging in behavior that causes or may cause, physical, verbal, mental or emotional distress or abuse to the consumer.
- (xiii) Engaging in behavior that a reasonable person would interpret as inappropriate involvement in the consumer's personal relationships.
- (xiv) Being designated to make decisions for the consumer in any capacity involving the declaration of mental health treatment, power of attorney, durable power of attorney, or guardianship.
- (xv) Selling or purchasing from the consumer products or personal items unless the provider is the consumer's family member who does so only when not providing the service.
- (xvi) Engaging in behavior that constitutes in the interest or takes advantage of or manipulates ODA –certified services resulting in an unintended advantage for personal gain that has detrimental results to the consumer, the consumer's family, or caregivers or another provider.

I have reviewed and agree to comply with the Passport Code of Ethics

Signature

Date

DISCLOSURE UNDER FAIR CREDIT REPPORTING ACT, CONSENT OF CONSUMER REPORT FOR VOLUNTEER PURPOSES

Funding for the Lake County Council on Aging agency requires the agency to obtain a **Motor Vehicle Report** on new volunteers for proof of a valid driver's license. The use of Motor Vehicle Report s for other than insurance underwriting (i.e. volunteering falls under the Fair Credit Reporting Act. Therefore, this form must be completed by all applicants prior to our request for an **MVR**.

The undersign hereby authorizes the Lake County Council on Aging, or its insurance agency, Yert Insurance Agency or its assigns, to obtain copies of consumer reports, including a Motor Vehicle Report, pertaining to me for volunteering purposes, and use in rating and /or underwriting insurance for which the above- named agency may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

I understand in connection with my volunteer role with the Lake County Council on Aging, I may be required to drive. **Therefore I understand that I must at all times carry a valid State of Ohio driver's license, carry current auto insurance that meets the minimum requirements of Ohio Financial Responsibly Act and have no more than six (6) points on my driving record.** Failure to comply with the above may result in termination of my volunteer positon.

I further agree and authorize Lake County Council on Aging to take whatever steps it deems necessary, at their sole discretion to verify that I have a current and valid driver's license, that I carry auto insurance that meets the minimum state requirements and I have no more than (six) (6) points on my driving record. This authorization includes Lake County Council on Aging conducting a search of my driver's license and driving history.

Print Name: _____

Signature: _____

Driver's License No. _____ State _____

Date of Birth: _____