



Volunteer Onboarding Guide



Volunteer Checklist

Volunteer Name: _____

Start Date: _____

Volunteer Organization: _____

End Date: _____

Department: _____

FORMS

Volunteer must provide all required documentation to the facility prior to working in the facility. The four documents below must be returned to Huron Valley PACE.

- Volunteer Application**
- Volunteer TB Questionnaire** (subject to TB skin test if indicated)
- Volunteer Confidentiality Agreement**
- Authorization for Criminal History File Search**
- Notice of Reportable Conditions**
- If under the age of 18, Parent or Legal Guardian Authorization

EDUCATION

Volunteer must complete training on the following topics prior to working in the facility. Volunteer is to check off below that provided information was reviewed with them.

- Participant Care Training**
- Bloodborne Pathogen and Infection Control**
- Emergency and Disaster**
- HIPAA Awareness and Review**
- Fraud Waster and Abuse**
- Hazardous Communication**

I certify that the above volunteer has provided all required documentation and has received training in all topics listed above prior to working at Huron Valley PACE.

Volunteer Signature

Date

Volunteer Coordinator / Supervisor Signature

Date



EMPLOYEE TB QUESTIONNAIRE

Employee Name: _____ Date of Birth: _____

This form must be completed an annual basis by all employees of Chelsea Retirement Community and at any time when requested by the Infection Control Manager and will be used to determine the need for additional testing for Latent or Active Tuberculosis.

Part A – To be completed by the employee

- 1. Have you ever had a Positive TB Skin Test or IGRA (TB Blood Test)? Yes No
 - a. **If Yes**, in what year was the test performed? _____
 - i. What Year was your last chest x-ray? _____
 - b. **If Yes**, Did you take medication for your Positive TB Test? Yes No
 - i. **If Yes**, what medication(s), when, and for how long? _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 2. Temporary or permanent residence of ≥1 month in a country with a high TB rate (any country other than the US, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Current or planned immunosuppression, (including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g. infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had close contact with someone who has had infectious TB in the past 12 months or since your last TB test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a persistent cough now? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If Yes, how long have you been coughing? _____ | | |
| 6. Do you have any of the following symptoms now? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Chills | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Night Sweats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Easily Fatigued | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Loss of Appetite | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Loss of weight (unplanned) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Coughed up blood | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If you marked "Yes" to any of the symptoms above, have you seen a physician for follow-up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you think you have any current health problems that could be related to a TB infection? | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Signature	Printed Name:	Date
--------------------	---------------	------

Signature of Parent/Guardian if under 18 years old	Printed Name:	Date
--	---------------	------

PART B – To be completed by Infection Control Manager or Designated Healthcare Professional

Upon review of this questionnaire and discussion with employee, I recommend as follows:

- There is no indication that this person needs additional screening for Tuberculosis at this time.
- Additional testing is required to determine the presence or absence of Active or Latent Tuberculosis. The employee may not work until medically cleared based on the Company's Employee Tuberculosis Screening Policy.

Healthcare Professional Signature	Printed Name	Date
-----------------------------------	--------------	------



Huron Valley PACE®

Volunteer Confidentiality Agreement

Huron Valley PACE (Employer) and _____ (Volunteer), make the following agreement:

WHEREAS, Volunteer is currently employed by Employer in a business in which the volunteer may be privy to confidential information regarding residents, residents' families and Employer's employees; and

WHEREAS, the nature and the substance of the information utilized in the regular course of Employer's business must remain confidential in order for the Volunteer to guard the privacy of the residents, residents' families and Employer's employees and compete in the industry;

THEREFORE, in consideration of Volunteer placement with Employer, Volunteer agrees as follows:

1. This Agreement is effective as of _____. *Volunteer's* specific obligations under this Agreement shall extend throughout volunteer placement with Employer and for one year after *Volunteer's* termination of volunteer placement with Employer.
2. The Volunteer acknowledges that:
 - (a) During the course of volunteer placement, confidential information may be divulged by Employer to *Volunteer*, or developed by Employer or *Volunteer* in the nature of, but not limited to: names, addresses, and other information of Employer's residents and prospective residents; business operations, costs, fees, and other confidential business information;
 - (b) Employer's current business information, its lists of residents, and other confidential information, including but not limited to that detailed in paragraph (a) of this section, are important and essential assets of Employer and could not, without expense and difficulty, be obtained or duplicated by others who have not been able to acquire such information by virtue of an association with Employer;
 - (c) Employer's business and other activities require special skill and knowledge, and that knowledge and skill are valuable assets to the Employer;
 - (d) *Volunteer* will gain valuable knowledge regarding the Employer's residents and treatment and will continue to be trained by the Employer to gain valuable technical knowledge and specialized skill that will result in developing the confidence and goodwill of Employer's residents, upon which the success of the Employer's business and activities are dependent.
3. In recognition of the facts expressly acknowledged above, *Volunteer* agrees that during the term of this agreement and for a period of one year after the Volunteer's termination from placement with the Employer, *Volunteer* will not directly or indirectly divulge any information regarding any resident, resident's family or any of Employer's employees or any other information included in foregoing Section 2(a).



Huron Valley PACE®

4. Both parties agree that the restrictions in this Agreement are fair and reasonable in all respects, including the temporal restrictions, and that providing Volunteer with the opportunity to work with

Employer, to the extent any separate or special consideration is necessary, is fully sufficient consideration for Volunteer's obligations under this Agreement.

5. Upon termination of the *volunteer* relationship with Employer, *Volunteer* shall return all records, documents, and other written, printed, photographic or physical materials of any type that belong to or pertain to Employer, including without limitation computer printouts, resident lists or documents, resident files, sales materials, proposals, financial information, and all other documents relating to Employer then in *Volunteer's* possession or control, and Employee shall not make or retain any copies or extracts, including handwritten summations, of any such documents.
6. In the event of a breach by *Volunteer* of any provisions of this Agreement, and such breach is not cured by Volunteer within fifteen (15) days after receipt of written notice from Employer, Employer, in addition to all other rights and remedies it may have, shall be entitled to preliminary and permanent injunctions restraining the *Volunteer* from doing or continuing to do any such act in violation of this Agreement without showing or proving any actual damage sustained by Employer, it being acknowledged that the relationship and opportunity permitted by Employer cannot be adequately valued in money terms; and that a breach of this Agreement by *Volunteer* will cause irreparable injury to Employer.
7. If *Volunteer* does not cure a breach within fifteen (15) days after receipt of written notice from Employer of the breach, Employer shall also be entitled to recover damages from *Volunteer* for breach of this agreement. Employer shall also be entitled to the recovery from *Volunteer* of Employer's actual attorney fees and costs of any action against it for breach of this Agreement, to be awarded by a court of competent jurisdiction in which injunctive relief, including specific performance or damages are awarded.
8. This Agreement shall be construed and enforced in accordance with, and shall be governed by, the laws of the state of Michigan.
9. Each provision in this Agreement is separate. If any provisions of this Agreement are ever held by a court to be unreasonable, the parties agree that this Agreement shall be enforced to the extent it is deemed to be reasonable and in such a manner as to afford Employer the fullest protection commensurate with making this Agreement as modified, legal and enforceable under applicable laws and the balance of this Agreement shall not be affected, the balance being construed as severable and independent.
10. Employer's failure to exercise, or delay in exercising, any power or right under this Agreement shall not operate as a waiver, nor shall any single or partial exercise of any such right or power preclude any other or further exercise thereof or the exercise of remedies otherwise available in equity or at law.
11. This Agreement may not be modified or amended or any term or provision hereof waived or discharged except in a writing signed by the party against whom such amendment, modification, waiver or discharge is sought to be enforced. This Agreement contains the entire agreement of the parties, and any and all prior agreements, representations or promises are superseded by and merged into this Agreement.



Huron Valley PACE®

Volunteer is to sign and return the attached separate form

Volunteer Confidentiality Agreement

I, the undersigned, have reviewed the Huron Valley PACE confidentiality agreement. I have been given instruction on the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and how they affect my work as a volunteer at Huron Valley PACE.

I understand Huron Valley PACE procedures of how to protect written or verbal participant information that I may be exposed to, including proper storage of and/or disposal of written participant information. I understand use of Huron Valley PACE's electronic medical record is also protected by HIPPA Laws. I agree to access the EMR only under my assigned private password (if applicable) and that passwords are **not** to be shared, under any circumstances, at any time during the course of my volunteer placement.

I hereby agree that I will not, at any time during or after my association with Huron Valley PACE, access or use personal health information or reveal/disclose to any persons within or outside of Huron Valley PACE, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable law.

IN WITNESS WHEREOF, the parties have duly executed and delivered this Agreement on the date and year written.

Volunteer Name: _____

Date: _____

Volunteer Signature: _____

Witness Signature: _____

Volunteer Affiliation: _____



Huron Valley PACE®

AUTHORIZATION FOR CRIMINAL HISTORY FILE SEARCH

In compliance with the licensing requirements all volunteers and individuals with clinical privileges at Huron Valley PACE will be subject to a criminal history file search following an offer of approval to be a volunteer on Huron Valley PACE premises or acceptance of contractual service.

Please check one of the following boxes:

- I have been a resident of Michigan for at least three (3) years immediately preceding the offer to be a volunteer or contractual services by Huron Valley PACE and authorize United Methodist Retirement Communities (UMRC) to conduct a name-only Michigan criminal conviction search through the Michigan State Police.
- I have not been a resident of Michigan for at least three (3) years immediately preceding the offer to be a volunteer or contractual services by Huron Valley PACE and authorize UMRC to conduct a name-only Michigan criminal background conviction search and national FBI criminal history fingerprint check through the Michigan State Police.

Please complete the following information necessary to conduct a Michigan Criminal Conviction search:

Name: _____
Last
First
Middle

Please list any previous names used (maiden, alias): _____

Date of Birth: _____

Race: White Black Asian / Pacific American Indian / Alaskan Native Unknown / Other

Sex: Male Female

I understand and agree that I must notify Huron Valley PACE immediately upon being arrested for or convicted of one or more of the following:

1. Any felony, or attempt or conspiracy to commit a felony.
2. A misdemeanor that involved abuse, neglect, assault, battery, or criminal sexual conduct against anyone or fraud or theft against a vulnerable adult (as defined under the Michigan Penal Code), a state or federal crime that is substantially similar to such a misdemeanor.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____



Notice of Reportable Conditions

Name: _____ Date: _____

Position: _____ Department: _____

In compliance with our established policies governing employee health, you must immediately report illnesses to your supervisor or to the Infection Control Coordinator. While this list is not all inclusive, any potential/known contagious illness must be reported. Examples of some primary illnesses/symptoms that must be reported are:

- 1. Temperature of 100°F or greater;
2. Nausea/Vomiting;
3. Acute diarrheal illness with other symptoms (i.e., fever, abdominal cramps, bleeding, etc.), or diarrhea (with or without other symptoms) lasting longer than twenty-four (24) hours;
4. Orofacial herpes simplex virus (cold sores) or herpetic whitlow;
5. Diagnosed Streptococcal (Group A); sore throat;
6. Head or Body Lice (Pediculosis) or known Bed Bug exposure;
7. Skin lesions which are infected, especially on exposed body parts; Any Staph infection;
8. Any Skin rash; Poison Ivy/Oak, Impetigo; Ring Worm; Pink eye, etc;
9. Acute Upper Respiratory Infection or Flu-like illness defined as respiratory symptoms with:
a. Fever 99.6°F or > and at least one of the following:
b. Cough, sore throat, nasal congestion, headache, fatigue, myalgia, vomiting, or diarrhea;
10. Active infection with/or exposure to:
a. Measles (if the employee is not immune)
b. Mumps (if the employee is not immune)
c. Rubella (if the employee is not immune)
d. Varicella zoster (chickenpox/shingles) virus (if the employee is not immune)
e. Influenza (Flu) Virus
f. Herpes simplex virus (includes oral, orofacial, herpetic whitlow (herpes of the fingers), an employee is not required to report genital herpes infection)
g. Tuberculosis - known or suspected exposure;
11. Needle stick/sharps accident, parenteral/mucous membrane or non-intact skin exposure to resident's blood or body fluids.

My signature on this form certifies that, to the best of my knowledge, I am free from all conditions of infectious disease listed above. I understand that it is my responsibility to notify my supervisor or the facility's Infection Control Coordinator of any actual or potential infection with a communicable disease that I may have. I understand that this notification is to protect myself, residents, and other staff members.

I understand failure to report known or suspected infection and/or reporting to work ill with any of the above noted S&S/infections may result in disciplinary action. I understand I must be free of the above signs/symptoms for 24hrs before returning to work. I understand that a return to work note from my doctor may be requested in the event I present with real or potential communicable symptoms, regardless of the number of missed work days.

The employee may be excluded from work assignments for the length of time recommended by their physician and/or the CDC guidelines, depending on the illness and risk for spread of infection to residents or coworkers.

I certify that this document has been explained to me and that I understand its contents. I certify that a copy of this document has been provided to me and a copy will be placed in my personnel file

Signature: _____ Date: _____



Huron Valley PACE®

Parental/Legal Guardian Authorization

The following must be completed by the designated Parent or Legal Guardian of any minor (under the age of 18) seeking to volunteer at Huron Valley PACE:

As the Parent or Legal Guardian of _____, I authorize HV PACE to conduct the required volunteer screening and have reviewed the required documents that need to be completed by the minor listed above.

Please check each to indicate you understand and approve the following to be completed by HV PACE:

- State of Michigan Criminal History Check
- State of Michigan Public Sex Offender Check

Documents that will need to be completed by the volunteer and signed, please check each box to confirm you have reviewed as well:

- Notice of Reportable Conditions
- Volunteer Criminal Background Check Authorization
- Employee Confidentiality agreement
- TB Questionnaire
- Volunteer Checklist

First and Last name of Parent or Legal Guardian:

Relationship to prospective volunteer (select one):

- Legal Parent Legal Guardian

Day time Phone number of Parent/Legal Guardian (including area code):

Signature: _____

(Parent or Legal Guardian)

Date: _____



Huron Valley PACE*

Contracted Provider's Declination of Influenza Vaccination

My employer or affiliated health facility, Huron Valley PACE, has recommended that I receive influenza vaccination in order to protect the Huron Valley PACE participants I serve. I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I acknowledge and am aware of the following facts:

- Influenza is a serious respiratory disease that kills and hospitalizes thousands in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to residents in this facility.
- If I become infected with influenza, I can spread severe illness to others, even when my symptoms are mild.
- I understand that the strains of virus that cause influenza infection change almost every year and even if they don't, my immunity declines over time. This is why a vaccination against influenza is recommended each year.
- I understand that I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including my family, coworkers, Huron Valley PACE participants, and the community.
- **Because I have refused vaccination against influenza, I am aware I may be required to wear a surgical or procedure mask in the areas where participants may be present during the influenza season.**
- I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I acknowledge that I have read this document and fully understand it. Despite these facts, I have decided to decline the influenza vaccine by my signature below.

Name (print): _____ Company: _____

Signature: _____ Date: _____

Comments/Reason for declination:



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases “Huron Valley PACE”), a Huron Valley PACE corporation organized and existing under the laws of the State of Michigan and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Huron Valley PACE and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Huron Valley PACE is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Huron Valley PACE will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Huron Valley PACE.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Huron Valley PACE and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Huron Valley PACE. I understand and acknowledge that this Release discharges Huron Valley PACE from any liability or claim that I may have against Huron Valley PACE with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Huron Valley PACE or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Huron Valley PACE does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Huron Valley PACE beyond what may be offered freely by Huron Valley PACE in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Huron Valley PACE from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Huron Valley PACE.

4. Assumption of Risk: I understand that the services I provide to Huron Valley PACE may include activities that may be hazardous to me including, but not limited to expose of bodily fluids. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Huron Valley PACE from all liability.



5. Photographic Release: I grant and convey to Huron Valley PACE all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Huron Valley PACE in connection with my providing volunteer services to Huron Valley PACE.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date



Audio/Video/Photo Release Form

I give Huron Valley PACE permission to use my photograph/image/audio or video recording in the following ways:

May be used for promotional materials such as brochures, flyers, presentations, newsletters, magazines, or on our website.

May not be used for promotional materials such as brochures, flyers, presentations, newsletters, magazines, or on our website.

I understand Huron Valley PACE has exclusive rights to these photographs, images, audio, or visual recordings.

Volunteer Printed Name

Date

Volunteer Signature (Or parent/guardian if under 18)

Date

PACE Representative Signature

Date