



DEPARTMENT OF STATE
DELAWARE VETERANS HOME
100 DELAWARE VETERANS BLVD.
MILFORD, DELAWARE 19963

VOLUNTEER SERVICES PROGRAM
PHONE: (302) 424-8547
EMAIL: LUCINDA.SCHAAP@DELAWARE.GOV

***DVH* VOLUNTEER APPLICATION** UPDATED 1.24.24

First Name: _____ **Middle Initial:** ____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

License #: _____ **Phone/Cell:** _____

Date of Birth: _____ **Email:** _____

Emergency contact: _____ **Phone:** _____

Do you currently or have you volunteered? If so, please list organization (s)?:

Preferences in Volunteering Position (Please Check All Interests)

- ☐ **Operational** (clerical, barber shop)
- ☐ **Gardening** (vegetable garden, flower garden)
- ☐ **Activities** (crafts, games, fishing, special events, trips)
- ☐ **Clothing Closet** (organize, distribute supplies, and relay inventory needs)
- ☐ **Dining Room** (meal mate, transport via wheelchair, help deliver food tray, open packets, create table settings)
- ☐ **Spiritual** (song leader, escort to/from Chapel, play piano or organ, visiting)
- ☐ **Welcoming Volunteer** (meet new residents, help them adjust to home, create welcome baskets)
- ☐ **Physical Therapy** (general assistance, escort to/from therapy, visit with resident)
- ☐ **Nursing Help** (escorting residents, sit with residents with safety concerns)
- ☐ **Neighbor to Neighbor** (creating friendship with residents, taking walks, card games, watch movies)
- ☐ **Library, Computer Help** (visit residents in library, puzzles, chess, computer knowledge, knowledge of the authors of books, videos, organize library)

DELAWARE VETERANS HOME MISSION STATEMENT:

Provide outstanding long-term care services to Delaware veterans that uphold dignity and respect while sustaining and improving their quality of life.

Availability: Please Circle all that apply:

Morning Afternoon Evening Weekday Weekend Holiday

Have you ever been charged with neglect, abuse, or assault?

☐ No ☐ Yes (background/drug check required at Dover location)

Do you have a valid driver's license or DE ID?

☐ No ☐ Yes

Do you have any physical limitations or under doctor care which might limit your ability to perform certain jobs such as pushing wheelchairs? (Health concerns, medications, allergies, etc. (Please explain if yes)

☐ No ☐ Yes: _____

Please list two non-family or employment references that we may contact:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

How did you hear about The Delaware Veterans Home?

☐ Print Advertisement ☐ Radio/TV ☐ Volunteer Center

☐ School ☐ Friend

Other: _____

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***DVH* VOLUNTEER AGREEMENT**

Delaware Veterans Home Volunteer

- Volunteers are not considered employees of the State of Delaware. The Delaware Veterans Home (DVH) does not provide Worker's Compensation or any insurance coverage for volunteers.
- The DVH does not guarantee volunteer placement. The DVH will however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of the DVH and the interests and abilities of the volunteer.
- The DVH employs a screening process for all volunteers. I knowingly and fully authorize the DE Dept. of State Human Resources, to conduct a thorough investigation of my background and references listed on this document. Acceptance as a volunteer is contingent upon successful completion on all levels of screening which includes drug screening/fingerprint/background check at our Dover location, then tuberculosis tests at DVH. Potential volunteers are not charged for these on-boarding tests and checks.
- Violation of any DVH policies or a negative background check will be just cause for immediate release from my volunteer service here at the DVH. The DVH can not be held liable for any injuries incurred while performing volunteer services on DVH property. The State of Delaware is an EO/AA employer and maintains a policy of nondiscrimination in accordance with the Civil Rights Act, Title VI – Nondiscrimination in Federally Assisted Programs.
- Acceptance of gifts, money, financial exchanges of any kind from any DVH Resident is strictly prohibited and is immediate termination of the DVH Volunteer.
- The DVH reserves the right to reject a candidate for any reason which the DVH, in its sole judgment, determines will or may affect the best interests of the DVH residents. Furthermore, the DVH reserves the right to withhold the reason(s) for such refusal.
- The DVH accepts the service of all volunteers with the understanding that such service is at the sole discretion of the DVH. Volunteers agree that the DVH may at any time, for any reason, decide to terminate the volunteer's relationship with the DVH. Volunteers may at anytime, for any reason, decide to sever the volunteer's relationship with the DVH. Notice of such a decision should be communicated as soon as possible to the Volunteer Coordinator.

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Statement of Agreement

- I agree to abide by the policies and procedures set forth by the Delaware Veterans Home (DVH). I, also, agree to update information contained on this form as it becomes necessary. I, further, agree to uphold the Resident's Rights/HIPPA and the Confidentiality Policies of the DVH. If I am an employee of the DVH, I acknowledge and fully understand that I may only perform the volunteer duties for which I am assigned and is not the same duties and my paid position.

Delaware Veterans Home Volunteer

- Regulations regarding covid screening, testing, and the wearing of a mask are in place for the protection of our residents as well as for our staff and visitors. I understand that updates are fluent regarding covid guidelines and that I will follow these procedures as a volunteer.

(Signature of Applicant)

(Date)

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