ActivCare Memory Care Community Volunteer Fact Sheet

Thank you for your interest in volunteering within our memory care communities! Volunteers play a vital role in enriching the lives of our residents with dementia, and we welcome individuals with a passion for service and a genuine interest in connecting with seniors.

Volunteer Opportunities

We offer a variety of ways to get involved, tailored to your interests and talents, including:

- **Friendly Visits:** Spend one-on-one time with residents.
- **Talent Sharing:** Share music, sing, dance, gardening, religious services, or other skills.
- **Assisting with Activities:** Call Bingo, arrange flowers, join residents in arts & crafts, ask trivia questions, or participate in other daily activities.
- **Walker Club:** Take residents on a stroll around the neighborhood.
- **Special Events:** Help organize and celebrate special occasions.
- **And more!**

Volunteer Requirements

To ensure the safety and well-being of our residents, all volunteers must:

1. **Provide a Current TB Clearance:** Documentation required before starting.
2. **Complete a Volunteer Application:** Submit a completed application form.
3. **Attend Volunteer Training:** Participate in one training session to understand the special needs of those with dementia.
4. **Schedule in Advance:** Coordinate your volunteer schedule with our Program Director.

Age Guidelines

- **Volunteers of all ages are welcome**.
    - **Volunteers under 14:** Must be accompanied by a responsible parent or guardian.
- **Group Volunteering:** Friends or classmates may volunteer together if pre-approved by the community.

The Heart of Volunteering

The most important quality we seek is a genuine commitment to serving others. Your compassion and dedication can make a meaningful difference in the lives of our residents and provide you with a rewarding opportunity.

Duties

Volunteers will serve to enhance the daily lives of our residents and will be supported by our team members. Volunteers will not be asked to provide activities of daily living (bathing, dressing, grooming, or providing care). Volunteers are limited to 16 hours weekly.

Ready to join us?

Complete the attached application, print, sign and return it in person to the community. Go to **activcareliving.com** or call 888-636-5677 to find the community nearest you. We look forward to welcoming you to our community!

Volunteer Application

Select a community:

☐ ActivCare 4S Ranch
☐ ActivCare Bressi Ranch
☐ ActivCare Laguna Hills
☐ ActivCare Mission Bay
☐ ActivCare Rolling Hills Ranch
☐ ActivCare Yorba Linda

Contact Information

Name _____

Street Address _____

City, State, ZIP _____

Phone _____

E-Mail Address _____

Parent or guardian if under 18 years of age. _____

Availability

During which hours are you available for volunteer assignments? (Check all that apply.)

Weekdays (Monday – Friday)

___ Mornings
___ Afternoons
___ Evenings

Weekends (Saturday - Sunday)

___ Mornings
___ Afternoons
___ Evenings

Exceptions:

Interests

Tell us in which areas you are interested in volunteering. (Check all that apply.)

___ Activities - Games, Puzzles, Trivia
___ Performing Music / Sing / Dance
___ Arts & Crafts
___ One-on-one Visits with Residents
___ Music Appreciation / History
___ Gardening
___ Flower Arranging
___ Exercise Class / Walkers Club
___ Sports Activities
___ Religious Services
___ Special Events / Holidays
___ Soliciting Donations / Supplies
___ Volunteer Coordination / Scheduling
___ Other (Describe below.)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Community Service Hours

Are Community Service hours required? ___ Yes ___ No

For which school, organization, or agency? _____

How many hours? _____

What service verification documentation is required? _____

Person to Notify in Case of Emergency

Name _____

Street Address _____

City, State, ZIP _____

Cell Phone _____

Work Phone _____

E-Mail Address _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature *(Please read the following carefully before signing)*

I understand that this is an application for a volunteer opportunity and not a commitment or promise of this opportunity from ActivCare. I certify that I have and will provide all information as needed to be considered for a volunteer position, including information disclosed in writing on this application and verbally to any representative of ActivCare Living, and that all information provided by me is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions truthfully to the best of my ability, and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that any misrepresentations or omissions may be cause for the immediate rejection of my application, and/or my termination as a volunteer if discovered later. By signing below, I affirm that I am in good health and I have no health conditions that would restrict me from becoming a volunteer and performing the duties thereof.

Signature _____

Name (printed) _____

Date _____

Thank you for your interest in volunteering to serve the residents of ActivCare.