

**Respite Day Services of Oxford, Inc.
Memory Makers Volunteer Application**

Basic Information

Full Name: _____ D.O.B: _____

Mailing Address: _____

Primary Phone Number: _____

Primary Email Address: _____

Education: High School/GED Bachelor's Degree Master's Degree Other: _____

Major/Minor (If applicable): _____

Do you have experience working with older adults?: Yes or No

Are you vaccinated against COVID19?: Yes or No

Schedule/Availability

Our program runs Monday through Thursday, 9am to 3pm. Participants are only in the building
from 10am to 2pm.

**If you are a musician, exercise leader, artist etc., your talent will be needed at a specific
time during our day. For example, our music days are currently set to be on Tuesdays from
12:45pm to 1:45pm, so musicians will only be scheduled during that time slot.**

***** Returning musicians and volunteers do not need to fill out this portion and can discuss
details in person with the program leaders. *****

Days of operation:	Time that are you available:
Monday	
Tuesday	
Wednesday	
Thursday	

Special Interests/Specific Experience

If applicable, what was your previous experience working with older adults?:

What makes you a solid volunteer candidate for Memory Makers?:

What are your hobbies? Or, what activities might you be interested in leading for participants?:

Emergency Contact Information

Name of Contact: _____

Relationship to Contact: _____

Phone Number: _____

Professional Reference

(Do not include family. The individual listed will be contacted.)

Name: _____

Connection to reference: _____

Phone number: _____

Email: _____

Background Check Permission

I have been advised that I am subject to a background check, and I hereby give Respite Day Services of Oxford, Inc. permission for such.

Applicant Signature: _____

Staff and Volunteer Release of Liability

I hereby acknowledge that I have previously received the written policies and procedures of the Memory Makers Respite Day Program. I understand that the staff and volunteers will act on these policies and procedures in the best interest of the participants and their caregivers. Also, I understand that Respite Day Services of Oxford, Inc., its directors, its staff, and its volunteers are in no sense the insurer of my safety and welfare and they accept no liability as such. Therefore, I release these parties from any and all claims, liabilities, damages, or other losses arising from my involvement in the Memory Makers Respite Day Program, except in the case of gross negligence or intentional harm.

Applicant Signature: _____ Date: _____

Representative Signature _____ Date: _____

Volunteer Confidentiality Agreement

The protection of confidential information is necessary and vital to the success of Memory Makers. We want to keep our agency a great and safe environment for all of the participants.

I, _____, will not share any client's name or personal information with others outside of Memory Makers. I also will not share any services that the clients are receiving. I understand that any of Memory Makers' information that is classified as confidential should not be shared with others outside of the agency. The staff at Memory Makers reserves the right to remove any volunteers that violate confidentiality and/or other rules and regulations that are expected of me. I also understand that even when I am not a volunteer here any personal information is to remain confidential.

Volunteer Signature

Date