

STUDENT VOLUNTEER PROGRAM

You can make a difference in the life of someone by serving as a volunteer!

- ✓ Have fun while meeting new people
- ✓ Gain new skills to add to your resume
- ✓ Share your talents and knowledge with others
- ✓ Advance the common good by giving your time and showing responsibility
- ✓ Earn Credits for graduation and college



QUESTIONS?
Contact Food Delivery & Volunteer Coordinator:
Jennifer Love
Email: jlove@lvcaregivers.org
(703) 779-8617
704 South King Street, Suite 2
Leesburg, VA 20175
www.LVCaregivers.org
General Email: LVCaregivers@LVCaregivers.org

1. SUPPORTIVE SERVICES PROGRAM

The goal of Caregivers' Supportive Services Program is to provide assistance and services that help the frail elderly and adults with disabilities maintain independent living and improve their quality of life. ****Must be 18+ with Valid Driver's license; no serious infractions***

SUPPORTIVE SERVICES VOLUNTEER JOB DESCRIPTIONS:

- **Chores:** encompass a range of tasks, including minor home repairs, light housekeeping, moving/packing, and yard work. The specific duties of each assignment depend on the individual care receiver's needs, which will be clearly defined in the assignment form.
- **Errands*:** usually involve driving care receivers to the post office, bank, or dry cleaners, etc., or sometimes running errands for them. The specifics of the task will be clearly defined in the assignment form.
- **Loudoun Hunger Relief/Dulles South Food Bank Delivery:** involves picking up groceries from Hunger Relief in Leesburg or Dulles South Food Pantry in Dulles South and delivering them to the care receiver once or twice a month. Volunteers who sign up for this task are given detailed instructions on procedures for picking up and delivering the groceries, and directions to Hunger Relief or Dulles South Food Pantry and the care receiver's home. At the beginning of each month, the Supportive Services Program Coordinator emails the delivery schedule for that month to volunteers who perform this task. *Valid Driver's license*
- **Paperwork:** involves helping care receivers organize their bills, correspondence, etc. Paperwork assignments can be on-going or one-time assignments, depending on the needs of the care receiver.
- **Reassurance Calls:** are regular telephone calls made to a care receiver who may be lonely. These phone calls provide a friendly avenue of communication for the care receiver, as well as a way to monitor his or her well-being.
- **Respite Care:** involves visiting a care receiver to give the caregiver a break from the duties of full-time caregiving.
- **Shopping for Care Receiver:** involves purchasing items (usually groceries) for the care receiver. The care receiver provides a list of items and the form of payment (e.g., cash, a signed check) when the volunteer arrives for the assignment. *Valid Driver's license*
- **Shopping with Care Receiver*:** involves taking a care receiver shopping (usually to the grocery store) and helping load, unload, and put the items away (if requested).
- **Visiting:** involves going to the care receiver's home to provide companionship. During the visit, the volunteer and care receiver could engage in conversation, play games (e.g., cards or Scrabble), or share a hobby (e.g., knitting). Visiting could also involve taking the care receiver to a movie, to lunch, to an art exhibit, etc. For these outings, the volunteer and the care receiver decide beforehand who will pay for the tickets, the lunch, etc.
- **Jobs for Younger Students:** bake pies, cookies and other treats and make cards for our Care Receivers

2. ASSISTED TRANSPORTATION PROGRAM

The Assisted Transportation Program provides transportation to medical and nonmedical appointments for elderly and other disabled adults in order to help them maintain independent living. Assistance includes helping with walkers, collapsible wheelchairs and other equipment as needed; escorting care receivers into appointments; and helping them to fill out forms in medical offices if requested. At Caregivers, assisted transportation is door to door, not just curb to curb. ****Must be 18+ with Valid driver's license; no serious infractions***

ASSISTED TRANSPORTATION PROGRAM VOLUNTEER JOB DESCRIPTIONS:

- **Routine Medical Transportation*:** Volunteers sign up for specific care receiver appointments. The volunteer contacts the care receiver before the appointment and arrives at the care receiver's home at the scheduled pickup time. The volunteer then transports the care receiver to the location specified in the assignment form provided by the Caregivers Transportation Coordinator. The volunteer remains at the location of appointment (unless otherwise previously agreed upon) with the care receiver, transports him or her home, and reports any necessary information to the Caregivers Transportation Coordinator.
- **Same Day/Next Day Transportation*:** This service involves last-minute and emergency appointments (i.e., when a care receiver must go to the doctor immediately, without the seven-day notice Caregivers requires). The duties and required skills and training are the same as for Routine Medical Transportation.
- **Dialysis and Chemotherapy Transportation*:** This service is an on-going assignment. We ask volunteers to commit to a minimum of two-to-three months of transporting a care receiver to or from dialysis or chemotherapy treatments on specific day(s). Occasionally, we ask a volunteer to substitute for a regular dialysis driver. The duties are essentially the same as for Routine Medical Transportation, except the trips are one-way only, so the volunteer does not stay with the care receiver during the treatment. The required skills and training are the same as for Routine Medical Transportation.

INTERESTED IN VOLUNTEERING?

Complete the application below and submit to LVC at LVCaregivers@LVCaregivers.org



Student Volunteer Program

You can make a difference in the life of someone by serving as a volunteer.

■ **Meet people you might not ordinarily meet**

By volunteering, you'll meet other people with different life experiences. If your grandparents have passed away or live far away and you don't get to see them often, you can become friends with a senior adult and help them with ordinary chores or play games, or just visiting.

■ **It's fun**

People who volunteer often say that they get more out of the experience than they give. Giving of your time and energy makes you feel good about yourself and raises your self-esteem. Working with other volunteers builds friendships.

■ **You're sharing your talents and knowledge with others**

You have skills, talents, knowledge, experience, personality and passion. Each of us is unique and has something to share with others.

■ **You're advancing the common good**

Sometimes we look at the way the world is and think, "This isn't the way things are supposed to be." By volunteering, you can help make a positive change in the world. Each of us wants to live in a community where families are healthy and strong, where people with disabilities and the elderly are able to live as independently as possible, and where people live in safe, supportive neighborhoods.

By volunteering, you help make your community a better place to live, and you become part of the solution.

Student Volunteer Levels:

Level 1 Volunteers

Are volunteers who prefer a group setting, doing activities intermittently with structure.

Examples:

Fund Raisers, General Computer Training Classes, Special Event Planning and Staffing,

Level II Volunteers

Are volunteers who would like to do seasonal activities.

Examples:

Winter-Snow Removal
Spring-Flower Planting
Summer-Gardening/Grass Cutting
Fall-Leaf Raking

Level III Volunteers

Are Team Volunteers. These are groups of teens that have formed a team with an adult volunteer.*Adult volunteer required.

Examples:

These activities are personalized and tailored to our care receiver's individual needs.

To Become a Volunteer:

1. Use the volunteer descriptions above to choose which volunteer level(s) applies to your interest.
2. Please fill out the volunteer form below. Make sure to fill in the application fields completely. Read the Volunteer Code of conduct and sign the form. Submit to Loudoun Volunteer Caregivers.
3. You will need to attend an orientation tailored to your volunteer level.

Personal Information:

Last Name: _____ First Name: _____

Address (City, State, Zip): _____

Telephone: _____ Email: _____

Gender: _____ Date of Birth: _____

Current Grade: _____ Name of School: _____

Parent/Guardian: _____ Phone: _____

Health:

Do you have any allergies? If yes, please list: _____

Insurance Information:

Is the volunteer covered by family medical/hospital insurance?

Yes ___ No ___

Carrier/Plan Name _____ Group # _____ Policy# _____

Carrier Address: _____

Claims Phone: _____ Name of Insured: _____

Relationship to Participant: _____

Insured's Employer: _____

Volunteer Level(s):

Please check all that apply:

_____ Level I Volunteer

_____ Level II Volunteer

_____ Level III Volunteer **Adult Volunteer Required.

THIS SECTION FOR OFFICE USE ONLY

_____ Orientation date

_____ Parent Application Received

_____ Badge/ltr given

_____ Volunteer Distribution List

Team Members _____



Caregivers

Teen Volunteer Code of Conduct:

I agree to abide by the following rules:

- I understand that alcohol, illegal drugs, tobacco products, matches, fireworks, and weapons have no place in volunteering and that possession of any of these items is forbidden.
- I will not wear clothing that promotes liquor or drugs or that contains foul language. My clothing will be neat clean and meet standards of safety, good taste and decency.
- I will be respectful and courteous to all care receivers and all other volunteers that I may encounter during my volunteering experience with Caregivers.
- I will NOT post any photos of care receivers or their homes, nor mention personal information about any care receiver that I assist.
- I will not engage in "sexting", cyber-bullying or inappropriate use of any electronic message devices.

I understand that violating any of these rules will be grounds for dismissal from the LVC Student Caregivers Program.

Student's Signature

Date

Loudoun Volunteer Caregivers Student Caregiver Application
Parent/Guardian Permission

Once you have discussed volunteering with your parent or guardian, please have them review the statements below and provide their signature at the bottom of the page.

I understand that my son/daughter _____ is submitting an application to the Student Caregiver Program at Loudoun Volunteer Caregivers.

- I have reviewed the application in order to learn more about the Student Caregiver Program and have discussed the program requirements with my son/daughter.
- I have reviewed the application and my son/daughter's answers to each of the questions. To the best of my knowledge all of the information provided is correct and accurate.
- I have read the Teen Volunteer Code of Conduct on page 3 and reviewed them with my child.

PARENT/GUARDIAN LIABILITY WAIVER

Youth's Name _____ **Birth Date** _____

Parent/Guardian's Name _____ **Relationship**

Parent's Address (if different) _____

Phone _____ **Email**
address _____

I, _____ (NAME OF PARENT/GUARDIAN), request permission for my child, _____ (NAME OF YOUTH) to volunteer with Loudoun Volunteer Caregivers. I understand that as parent/guardian, I remain legally responsible for any personal actions taken by my son/daughter above. I agree on behalf of myself, my son/daughter named above, our heirs, successors, and assigns to hold harmless Loudoun Volunteer Caregivers, their officers, directors, and agents, including volunteers, from any liability for illness, injury or death arising from or in connection with my son's/daughter's participation in LVC activities. I agree to reimburse LVC, its officers, directors and agents, and/or representatives all attorneys' fees and costs actually incurred in the event of any dispute between me, my son/daughter, our heirs and successors and Loudoun Volunteer Caregivers arising from these activities.

Signature of Parent/Guardian

Date

PHOTO RELEASE: Photos of my child _____ may be used on Loudoun Volunteer Caregivers website, new articles, or in promotional materials. _____ (initial)