# Nebraska Department of Veterans' Affairs



# Volunteer & Intern Services Application















### **Volunteer and Intern Services Program**

Thank you for your interest in volunteering/interning for the Nebraska Department of Veterans' Affairs (NDVA)! We are seeking volunteers/interns who will carry out our Agency's mission and vision. Please note we are required by law to complete a screening process and run a background check on all volunteers/interns.

#### WHAT IS A VOLUNTEER?

The NDVA volunteer is someone who serves under the Agency's supervision and direction for the purposes of civic, charitable, or humanitarian contributions, without promise, expectation, or receipt of compensation for such services. Volunteers are supervised, scheduled, receive formal training and must complete an application process prior to being placed with the Agency. Volunteers are essential in supporting the delivery of quality care to our members.

#### WHAT IS AN INTERN?

The NDVA intern is an individual, usually in a professional field such as medicine, social work, or public administration, gaining supervised practical experience through an assignment at the Agency. Interns are supervised and directed by an identified, qualified Agency teammate. The intern's work will complement – not displace – the work of a paid NDVA teammate and is designed to provide significant educational benefits to the intern. Interns are supervised, scheduled, receive formal training and must complete an application process prior to being placed with the Agency. Interns are placed in professional areas and are essential in helping us deliver quality care to our members.

#### **VOLUNTEER & INTERN EXPECTATIONS**

All volunteers and interns attend a special orientation session and receive individual training within the department to which they are assigned. In addition, each volunteer/intern receives an identification badge to wear while volunteering/interning.

#### GOALS FOR EACH VOLUNTEER/INTERN

- Volunteers assist staff members with non-professional aspects of their work.
- Interns assist staff members with professional aspects of their work.
  - o Both enhance the member care experience by providing a personal touch in a highly technical environment.

#### VOLUNTEER/INTERN TERMINATION

All volunteers/interns deemed unsuitable for continued volunteer/intern service will be prohibited from further volunteer/intern activity at the facility. Volunteer/intern agreements may be ended by the Agency for, but not limited to, the following reasons:

- Breach of Confidentiality
- Disregard for facility and Volunteer/Intern Program guidelines
- Inability to work well with others
- Any concern the facility may have for the safety and comfort of our members and their families

In addition to the application and forms provided, NDVA's 24-hour facilities will require volunteers, students, and interns who are supervised, scheduled, and receive training to submit to Tuberculosis (TB) skin testing and other required vaccinations such as the COVID-19 vaccine. The TB skin testing will include TST and monitoring for positive tests and/or vaccination records. If you have received TB testing in the past, please submit these records with your application. Our staff will evaluate your records and determine the next steps.

We will contact you for an interview and run a background check. When volunteer/intern criteria has been met, we will schedule you for NDVA Volunteer & Intern Orientation. Please bring your photo ID to Volunteer & Intern Orientation and a volunteer/intern name badge will be issued. If you have any questions please call the specific NDVA facility you are volunteering/interning at and ask for the Volunteer/Intern Service coordinator.

Central Nebraska Veterans' Home	308.865.3421
Eastern Nebraska Veterans' Home	402.591.4862
Norfolk Veterans' Home	402.370.3102
Western Nebraska Veterans' Home	308.632.0300
Nebraska Veterans Cemetery at Alliance	308.763.2958
Nebraska State Service Office	402.420.4021
NDVA Central Office	402.471.2458

# **Volunteer & Intern Services Program Packet**

The following Steps must be completed for every new volunteer/intern:

Required:	1
STEP ONE: Complete Volunteer/Intern Application Form	
Signed Confidentiality Statement/Requiements	
Volunteer/Intern Availability & Assignment Preference Form	
STEP TWO: Volunteer/Intern interview process if applicable to facility	
STEP THREE: Background Check Process- criminal conviction history check	
STEP FOUR: Volunteer/Intern Orientation	
Attend Volunteer/Intern Orientation session	
Copy of Vaccination Records (TB, COVID-19, and Influenza)	
<ul> <li>Copy of Driver's License and</li> <li>Defensive Driving Certificate if driving state vehicles</li> </ul>	
Identification Badge	
Facility Tour and Department Orientation	
• Other	

<sup>\*</sup> If not applicable to NDVA facility, please mark N/A

# **VOLUNTEER/INTERN SERVICES PROGRAM APPLICATION**

PERSONAL INFORMATION Name:		
(Last) Street Address:	(First)	(Middle)
(City)	(State)	(Zip Code)
Home Phone: ( ) Cell Phone: ( )		☐ OK to leave message? ☐ OK to leave message?
Date of Birth:	Email Address	:
Do you have a family n	nember employed at NDVA?	] Yes □ No
If you answered yes, pl	ease list name of family member	r:
•	ered or been employed with any Nebraska Department of Veteran	NDVA Veteran Home or any other contracted Affairs? ☐ Yes ☐ No
Present Occupation/Em	ployer:	
Position/Years of Servi	ce:	
Special Training/ Certif	fication:	
Previous volunteer expe	erience with any other organizati	ions? □ Yes □ No
If yes, where?		
	CONTACT INFORMAT ncy whom should we notify?	TION
Name:		
Relationship:		Phone:

#### **VOLUNTEER/INTERN STATEMENT OF CONFIDENTIALITY**

Confidentiality is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized disclosure without consent of the member and/or the member's representative.

During the course of my work as a volunteer/intern, I may develop, use, maintain, or have incidental contact with or access to information related to members, caregivers, employees, providers, financial data, and/or any other information pertaining to

NDVA and/or NDVA Nebraska Veterans' Home business or operations, including trade secrets, that is confidential.

I understand and agree that in performance of my duties as a volunteer/intern of this facility:

- Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of NDVA and/or NDVA Nebraska Veterans' Home and is to be considered strictly confidential unless specified otherwise.
- ❖ I will hold medical information regarding any past, present or future member, and company information in the strictest confidence.
- ❖ I further understand all information concerning written procedures, plans, computer hardware, programs and software, and manuals including this and all other policy manuals, are the confidential property of this facility and must not be disclosed to individuals or entities outside the company either during or after my volunteer service has ended.
- ❖ The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with NDVA and/or NDVA Nebraska Veterans' Home.
- This agreement is valid for all individuals with access to confidential information, regardless of employment status.
- ❖ I understand the member has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care and meetings with family.
- ❖ I further understand that voluntary or involuntary, willful or unwillful violation of this confidentiality will result in my volunteer/intern services being terminated, and may result in legal action to include possible defamation lawsuit, privacy or human rights complaints, copyright, patent or trademark infringement claims, criminal charges with respect to obscene or hate materials, damage to the company's reputation and business interests. The legal responsibility for damages from an inappropriate disclosure could potentially rest with the individual volunteer/intern.

I understand that violations of the NDVA and NDVA Nebraska Veterans' Home policies and procedures include, but not limited to:

\* Accessing, using or disclosing confidential information that is not within the scope of my

authority, job, or responsibilities to the NDVA and/or NDVA Nebraska Veterans' Home, or otherwise not permitted by written policy.

- Leaving confidential information in any form in an unsecured location or environment.
- \* Failure to properly secure a computer workstation when leaving the immediate work area.
- Disclosing my computer system user ID and password combination to another person for any reason or using another person's computer system user ID and password combination.
- Discussing confidential information in a public place or with persons not authorized to receive such information.

I hereby agree to abide by the volunteer/intern guidelines and facility rules and regulations and uphold member confidentiality as I fulfill my role as volunteer/intern. I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as the NDVA and NDVA Nebraska Veterans' Home policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by NDVA and NDVA Nebraska Veterans' Home.

Volunteer/Intern Name: First MI Last (please print)

Volunteer/Intern Signature

Volunteer/Intern Signature

Parent/Guardian Signature (if volunteer is under 19 years)

(The signature(s) acknowledge that you and/or your parent/guardian have read the above Volunteer Policy statements)

## **VOLUNTEER/INTERN REQUIREMENTS**

- \* Tuberculosis Testing: TB Skin test and monitoring for positive tests required.
  - o TB Skin test not required for high school student volunteers

Signature below indicates an acknowledgement of notification of the above notices.

- ❖ COVID-19 Vaccination, required screening and testing per Agency policy as indicated
  - o COVID-19 vaccination is required for volunteers as defined above
- Annual flu vaccination: Volunteers/interns may refuse the flu vaccination yearly but will be required to follow facility infection control procedures during influenza season.

Signature below indicates an acknowledge	ment of notification of the above notices.
Volunteer/Intern Signature	 Date

## VOLUNTEER/INTERN SHIFT AVAILABILITY & ASSIGNMENT PREFERENCE

Please tell us which days and times you are available to provi	ide assistance.			
First Choice				
Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday $\square$	Saturday □ Sunday □			
Morning □ Afternoon □ Evening □ Anyt	time 🗆			
Second Choice				
Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday $\square$	Saturday □ Sunday □			
Morning □ Afternoon □ Evening □ Anyt	time 🗆			
Third Choice				
Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday $\square$	Saturday □ Sunday □			
Morning □ Afternoon □ Evening □ Anyt	time 🗆			
Please list any current scheduling obligations:				
How many Hours would you like to serve?	per			
How many Hours would you like to serve?  Community Service Based Volunteer Hours- School Requestrates Name of School:  Title of course:  What do you hope to learn for your course of study?	nirement ours required:			
Community Service Based Volunteer Hours- School Requ Name of School: Number of Ho Title of course: Deadline:	nirement ours required:			
Community Service Based Volunteer Hours- School Requestion Name of School:  Title of course:  What do you hope to learn for your course of study?  HEALTH CONSIDERATIONS  Are there any known health concerns, allergies, physical limit	nirement ours required:			
Community Service Based Volunteer Hours- School Requestion Name of School:  Title of course:  What do you hope to learn for your course of study?  HEALTH CONSIDERATIONS  Are there any known health concerns, allergies, physical limit	tations that need to be accommodated to			
Community Service Based Volunteer Hours- School Requestion Name of School:  Title of course:  What do you hope to learn for your course of study?  HEALTH CONSIDERATIONS  Are there any known health concerns, allergies, physical limit help you volunteer/intern?  HOBBIES, TALENTS, OR SKILLS  Tell us a little about yourself. What hobbies, talents, or skills volunteering/intern position?  Art □ Music□ Reading □ Nutrition/Cooking □	tations that need to be accommodated to			
Community Service Based Volunteer Hours- School Requestable Name of School:  Title of course:  What do you hope to learn for your course of study?  HEALTH CONSIDERATIONS  Are there any known health concerns, allergies, physical limit help you volunteer/intern?  HOBBIES, TALENTS, OR SKILLS  Tell us a little about yourself. What hobbies, talents, or skills volunteering/intern position?  Art   Music  Reading  Nutrition/Cooking	tations that need to be accommodated to  s do you have that will assist you in a  Ceramics  Gardening  Nature  bus Services Support			

## AREAS OF INTEREST FOR VOLUNTEERING/INTERNING

Please	e tell us which areas you are interested in volunteering/interning:
	Assisting with nursing staff as a unit helper on our nursing home floor
	Helping transport members to and from the facility to the community
	Engaging our members in conversation by leading discussion groups
	Providing entertainment to our members by assisting our Activities Department
	Arts and Crafts Therapy
	Music Therapy
	Spending the day with a member and simply keeping them company
	Assisting with rehabilitation services
	Religious services support and pastoral visits
	Clerical support such as answering telephones, data entry, filing and taking messages.
	Gardening/Landscaping
	Library services
	Other