THE memory Connection®
A MINISTRY OF WOODLAND UNITED METHODIST CHURCH

Dear Friends,

Thank you for your interest in The Memory Connection, a respite ministry of Woodland UMC. I am excited for the impact this ministry will have in our community. I'm also enthusiastic to see the difference it will make in the lives of our volunteers, participants and caregivers.

Thank you for your willingness to take this leap of faith with us and for generously giving of your time to make a difference in the lives of those whom we serve.

Once you have completed the volunteer packet of information, please return it to Woodland UMC. Once your paperwork has been reviewed, we will set up at time for you to complete a mandatory 4 hour training course. This training will include the philosophy behind our program and how things run at The Memory Connection. This training will also cover information that protects both volunteers and vulnerable adults from victimization.

If you have any questions or need more information, please do not hesitate to reach out to us at Woodland UMC.

Yours in Christ,

Juliette Phillpot
The Memory Connection, Program Director
Woodland United Methodist Church
memoryconnection@woodlandumcrockhill.org
(803) 328-1842, (803) 207-0211

VOLUNTEER EXPECTATIONS

The Memory Connection Volunteers are vital to the success of the respite program. They provide crucial facilitation and support to the operation of The Memory Connection Respite Ministry and its mission.

- **Confidentiality**: All personal information shared during respite activities is to be considered confidential. This information should not be shared outside the respite community at any time, with anyone. This applies to information regarding both volunteers and participants.
- **Commitment and Arrival:** Volunteers will communicate scheduling availability and individual preferences regarding scheduling on a weekly basis, through email. In the event that a volunteer is unexpectedly unable to fulfill a scheduled day, he/she is expected to inform the Director with as much advance notice as possible. Please arrive at or before the start of the time for your shift.
- **Flexibility:** It is important to be flexible and calm at all times, remaining open to expected or unexpected changes as they occur. The Participant's safety is our #1 priority. Individuals living with cognitive changes can experience minor or dramatic changes in behaviors or mood. These changes sometimes happen minute to minute.
- **Engagement:** Fostering an ever-growing engagement between the Participants and Volunteers is crucial for building the relationships and trust that maximize the Respite experience.
- **Interactions:** Volunteers should ensure that Participants be included in all interactions on an equal basis, welcomed and supported. Volunteers should employ the best practices of interaction with Participants including, but not limited to initiating conversations, communicating at eye level, communicating at an appropriate speed and with patience, active listening and observation of others' physical and emotional needs.
- **Purpose:** Throughout the day, Volunteers should explore opportunities for involvement to help others or serve the group. Doing so will help build Participants' self esteem and sese of purpose.
- **Activities:** Volunteer involvement in activities is expected. The goal is to create an environment where Participants can enjoy the activity! Set up Participants for success at all times (i.e, send the balloon their way, give nonchalant hits about trivia, overlook your own bingo….) Activities might include, but not limited to: fellowship, devotion,

physical exercise, "Brain Fitness" exercise (creative writing, brainstorming games, trivia…), recreational games, group projects and music.

- **Lunchtime Assistance:** Volunteers' interactions at meals are necessary to rouse the conversation at tables, and provide assistance for Participants as necessary.
- **Transitions:** The most vulnerable times in the day will often be during transitions between activities. Volunteers need to be ever alert and watchful at these times to ensure the safety and well-being of Participants. Be cognizant of restroom needs, confusion or a tendency to wander (especially when changing rooms or locations). No participant is allowed to leave the room for any reason without at least one Volunteer accompanying him/her for safety.
- **Volunteer Ownership:** Volunteers are the heartbeat of this ministry.
    - **Shared talents and attributes** of the diverse Volunteer team are the backbone of success for the Respite experience. Volunteers are encouraged to share talents (i.e. artistic or musical), experiences (personal or professional), interests (hobbies) and abilities as appropriate.
    - **Communication**: Volunteers are also encouraged to share ideas, suggestions, success stories and positive/ constructive feedback in order to aid in continual improvement of the ministry.
    - **Teaching Moments:** Unexpected accidents and situations will occur. It is important that these instances be learning opportunities for everyone. Please communicate any such situation to the Director or other members of the leadership team in order to secure appropriate interventions or changes.
    - **Spread the Word:** Volunteers are strongly encouraged to share information about the Ministry. This will be natural to do so given the enthusiasm, love and enjoyment you will experience! Please be mindful as you share appropriate experiences that you are able to maintain confidentiality. Encourage others to volunteer, and serve as a referral source to anyone who might benefit from the program.
    - **Training:** All front line volunteers must complete the initial volunteer training. Additional, ongoing education is strongly encouraged to maintain a current understanding of dementia and its related activities. Volunteers are encouraged to attend at least one yearly training workshop to ensure baseline knowledge, and maintain consistency when working with Respite activities.

I have read the Volunteer Expectations, and I agree to abide by them while serving in The Memory Connection Respite Ministry.

Name: _____ Date: _____

Volunteer Information Sheet

Welcome to The Memory Connection at Woodland UMC! We are blessed to welcome you into the Respite Community. Please complete the information requested and return the forms to the Director.

Name:_____ **Preferred First Name:**_____

Date of Birth: _____ / _____ / _____ **Gender:** _____ **Ethnicity:** _____

Home Church: _____

Your Address:_____
Address Unit/Apt City, State Zip

Email Address:_____

Primary Phone #: _____ **___home ___ cell ___work**

Preferred Method of Communication: (Please circle) **EMAIL - PHONE CALL - TEXT**

Medical Conditions we need to be aware of _____

_____

Dietary/ Special Needs _____

Allergies _____

Hospital of Choice_____

Getting to Know You: ***Please share the following information with us.***

Hobbies/ Ineterests_____

Unique/ Special Skills _____

Previous Work Experience_____

Please check any (and all) service areas that interest you.

___ Greeter **___ Lunch organization** **___ Devotional time**

___ Participant friend **___ Lead Music/ Movement** **___ Art/ Crafts**

___ Lunch set up **___ Greeting Cards** **___ Community Outreach**

___Community Marketing **____ Organization of supplies** **____ other**

Preferred Days to volunteer (Check all that apply)

___ variable

___ 1st Monday	**___1st Friday**
___2nd Monday	**___2nd Friday**
___3rd Monday	**___3rd Friday**
___4th Monday	**____4th Friday**
___5th Monday	**___5th Friday**

(The Memory Connection will not be held on holidays, the week of July 4, Thanksgiving, during the week of Christmas or Holy Week. Any other times that schedule may need to change will be communicated on a case by case basis by the Director.)

I have read, understand and agree to abide by the:

____ Volunteer Expectations

____ Participant's Bill of Rights

____ Woodland Safe Sanctuary Policy

___ Grievance Policy

Printed Name _____ Date_____

Signature _____

Director _____ Date_____

BACKGROUND INVESTIGATION CONSENT

I, _____ , herby authorize WOODLAND UNITED METHODIST CHRUCH and/ or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/ or obtaining other information, which may be material to my qualifications for employment and/or volunteer position with WOODLAND UNITED METHODIST CHURCH.

I release WOODLAND UNITED METHODIST CHURCH and/ or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

_____

Full name (printed)

_____

Maiden name or other names used

_____

Present street address How long?

_____

City/ State Zip

_____

Former street address How long?

_____

City/ State Zip

_____ _____

Date of birth Social Security

_____ _____

Signature Date

RELEASE OF LIABILITY

In consideration of _____ (hereinafter "Volunteer") being allowed to participate in the programs, services, activities, and facilities of The Memory Connection of Woodland United Methodist Church (hereinafter "Respite"), I, _____, do hereby unconditionally remise, release, and forever discharge and covenant not to sue Respite and/or Woodland United Methodist Church (hereinafter "WUMC") or any of their officers, agents, employees, and volunteers including its legal counsel and/or other participants (collectively, the "Releasees") from any and all actions, causes of actions, suits, debts, charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages of all and any kind, of any nature whatsoever, in law or in equity, whether for death, personal injury, property damage or otherwise, (collectively, the "Claims"), arising or resulting from or in any way relating to my or Volunteer participation in the programs, services, activities, and facilities of The Memory Connection or WUMC, which I the Volunteer or our heirs and assigns have, may have had, may hereafter have, or may be entitled to assert against each or any of the Releasees regardless of whether I know, should have known or had reason to know of the Claims on the date hereof.

I, for myself and on behalf of our heirs and assigns, further agree to indemnify and hold harmless the Releasees from any and all Claims, or liability of any kind arising from our participation as aforesaid.

Dated: _____ Signed: _____

(Volunteer)

VOLUNTEER EMERGENCY CONTACT FORM

Volunteer Name _____

In case of emergency, please contact:

Name: _____ **Relationship**: _____

Address: _____

Phone: _____ **Alternate Phone:** _____

Email: _____

Signed (Volunteer): _____ **Date**: _____

PHOTOGRAPHY RELEASE

Name (please print): _____

I give permission and release for PHOTOGRAPHS to be made of myself while engaged in program activities. These photos may be used for publicity/promotion of The Memory Connection of Woodland United Methodist Church and for identification purposes.

Signed _____ **Date** _____

CONSENT FOR EMERGENCY MEDICAL CARE

As a participant in The Memory Connection of Woodland United Methodist Church, I hereby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.

Any resultant bill will be the responsibility of the participant and/or caregiver/guardian. Said individual(s) will be responsible for filing and all medical insurance claims.

In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.

I will not hold any of the staff (paid or volunteer) of WUMC responsible for any injury which occurs to the named participant during the course of the program. I acknowledge that WUMC cannot and does not assume responsibility for the undesirable incidents or injuries should the participant leave the program site without permission.

Every reasonable effort will be made to ensure the safety of the participant.

Name of Legal Guardian:_____

Signature:_____ **Date:**_____

Participant's Physician Name and Phone: _____

Hospital of Choice:_____