



Increasing seniors' access to healthcare, enhancing independent living, and reducing isolation primarily through transportation and visitation.

Client Simple Rules

Welcome to Caleb Interfaith Volunteer Caregivers! The volunteers who will be assisting you are caring people who have chosen to serve in a very special way. You will most likely soon discover that you have not only gained a volunteer, but you've made a new friend as well.

Caleb Caregiver's services are offered to all older adults, 60 years of age and older, regardless of their income, gender, race, or religious beliefs. The following information will explain what you can expect from our volunteers and give you some guidelines that need to be followed when using Caleb's services to ensure a safe and positive experience for both you and the volunteer.

Caleb Caregivers is here to help you, please feel free to call the office at 837-9179 whenever you have a question or concern. Please review the front and backs of each page and sign where indicated. Thank you, and we look forward to assisting you.

As A Caleb Caregivers Client, You Can Expect:

1. to be treated with dignity and respect by all staff and volunteers who contact you.
2. that any information about you will be kept in strict confidence. (In order to maintain the trust you've shown in us by asking for assistance, each of our volunteers signs a pledge of confidentiality in regard to any information they may learn about you.)
3. that, to the extent possible, the services provided will be designed to meet your individual needs.
4. that the services will be provided in a satisfactory manner according to the scheduled time or tasks agreed upon.
5. that your volunteer(s) will have the skills, knowledge, and supervision to assist you.
6. to feel comfortable with openly discussing, by your own choice, any services you are receiving or in need of, with the office staff.
7. that services will not be denied because of your race, sex, income or religious belief.
8. that you can report problems you may have concerning your service without fear of services being stopped or lessened, or any fear of mistreatment.

When Using Our Volunteer Services, We Ask That You And/Or Your Family:

1. treat our volunteers and staff in a respectful and courteous manner.
2. stay to the agreed dates, times and services that you scheduled with the Caleb office. If a cancellation arises let the office know as soon as possible.
3. let the office know ahead of time if you want, or need, to change your usual service(s) at any particular time. While your regular volunteer may be able to accommodate your needs, it may be necessary to ask another volunteer to help.



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4. give the office at least 2 to 3 days notice for any transportation appointment. Although, for the convenience of the volunteers, a weeks notice prior to an appointment is preferable. We will do our best to serve you.
5. use the Caleb office to communicate with your volunteer. Please do not ask volunteers for their home telephone numbers, last name, or personal information. We will gladly get all messages to them promptly.
6. do not offer gifts of value or money to your volunteer. If you would like to make a donation to Caleb Caregivers it will be gladly accepted, since the program is dependent on charitable contributions.
7. do not bring or purchase alcoholic beverages of any kind, fire arms, or illegal drugs. Please adhere to this policy.
8. thank the volunteer. Your words of appreciation are one of their best rewards!

I have reviewed and understand these guidelines and I agree to comply with them:

Date

Signature of Caleb Client or family member



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Request and Release forms

REQUEST FOR SERVICES:

I request that Caleb Interfaith Volunteer Caregivers, Inc., of Whitefield, provide me with non-medical care through its volunteer organization. I understand that the care does not involve skilled nursing or other medical care. The role of Caleb Interfaith Volunteer Caregivers, Inc. is to help me remain independent in my own home. I may withdraw from receiving Caleb Interfaith Volunteer Caregivers, Inc. services at any time. I also understand that Caleb Interfaith Volunteer Caregivers, Inc. may withdraw its services to me at any time.

INFORMATION RELEASE:

In order to facilitate services to me, I agree to release information to Caleb Interfaith Volunteer Caregivers, Inc. for the purpose of coordination of the services with my emergency contacts, relatives, and/or other agencies. I understand that Caleb Interfaith Volunteer Caregivers, Inc. in the course of providing services may be required to disclose client information in the case of emergencies or legal obligations; and I authorize release of client information as required in those circumstances. Caleb Interfaith Volunteer Caregivers, Inc. will attempt to notify clients prior to the release of information if and when possible.

GENERAL RELEASE:

In consideration of the services provided to me by Caleb Interfaith Volunteer Caregivers, Inc. I release Caleb Interfaith Volunteer Caregivers, Inc., its agents, employees and volunteers from any and all liability and causes of action arising out of its services to me.

I have reviewed and understand this document and am in agreement per my printed name and signature:

printed name _____

signature _____

Client

Witness

Date