



## BRING YOUR CHILD TO WORK

Valley Senior Living invites youth to join with care partners to help create a fun and relaxing environment in our care communities. Valley Senior Living's wish is for youth to find the time spent in our facility rewarding and a learning experience. Youth will have the opportunity to spend time with and meet many new and interesting people throughout their time spent at Valley. On behalf of the staff and residents of Valley Senior Living, we welcome you! Please read through the following orientation with your child prior to bringing your child to work.

1. Youth are eligible to participate in Bring Your Child to Work after completing Kindergarten.
2. Please wear a name tag. The name tags can be found at the front desk. (You will be shown this during your orientation). Please return your name tag to the basket at the end of your shift.
3. Any information concerning a resident is confidential. Please do not share any information about residents outside of Valley Senior Living. If you have questions, please talk to a supervisor.
4. A neat appearance is expected.
5. Youth cannot be involved in meal service (ie. lunch, breakfast, supper). Many of our residents are on special diets and can only have certain foods or drinks. If a resident asks for a snack, youth may get the snack for the resident only if approved by a staff member. The staff member giving the approval is responsible for the snack being given. (ie. A resident asks for a glass of water or a cookie.)
6. Before pushing residents in their wheelchairs, make sure their feet are on their foot pedals and their hands are in their lap. Ask a staff member if there are any questions about this.
7. Youth will not help residents stand up, sit down, walk, or get in or out of a chair or bed.
8. Parents/staff are responsible for involving youth in the daily routine of the residents and/or staff and to promote independence of the child. There is a list of activities that the child can engage themselves in with the residents (refer to Bring Your Child to Work Activities List).

Youth who do not adhere to the above guidelines may be asked not to come and participate in Bring Your Child to Work. Approval from the parent/staff person's supervisor is expected before the child is able to participate in Bring Your Child to Work. The intent of Bring Your Child to Work is to involve youth with residents. It is the parent/staff person's responsibility to see to it that this occurs. If you have any questions, please contact your supervisor.

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Youth's Name

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Age of Youth Volunteer

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Days of the Week  
Volunteering

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Parent/Responsible Staff

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Facility/Neighborhood

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Work Phone #

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Valley Senior Living Supervisor

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Date



# Valley Senior Living

## Bring Your Child to Work Application

### Parent/Legal Guardian Information

Last Name	First Name	Middle Initial	Email
Home Phone		Cell Phone	Work Phone
VSL Community	VSL Neighborhood		Birth Date
Emergency Contact & Phone Number			

### Youth Information

Last Name	First Name	Middle Initial	Grade Completed
Birth Date	Additional information that VSL should be aware of for youth		

Please check one:       Elementary School Student       High School Student

Middle School Student

Area(s) of Interest

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Hours/Days Available

<input type="checkbox"/> Monday	Hours _____
<input type="checkbox"/> Tuesday	Hours _____
<input type="checkbox"/> Wednesday	Hours _____
<input type="checkbox"/> Thursday	Hours _____
<input type="checkbox"/> Friday	Hours _____
<input type="checkbox"/> Saturday	Hours _____
<input type="checkbox"/> Sunday	Hours _____

Signature of Youth	Date
Signature of Parent or Legal Guardian	Date

Date Interviewed _____	OFFICE USE
Start Date _____	
Comments _____	
Location Preference: _____	Volunteer Type: _____

## Valley Senior Living Confidentiality and Non-disclosure Agreement for Youth

Our organization's information systems contain confidential records pertaining to our residents, business associates, health care professionals, and employees. Because this information is vital to the operation of our organization in providing quality care and services to our residents, it must be protected. As such, in accordance with HIPAA regulations and policies governing the access, use, and disclosure of protected health or organization information, you have the responsibility to protect such data.

As a volunteer of the organization, you may have access to protected health information. The purpose of this agreement is to provide you with information to assist you in understanding our duty and obligations relative to confidential information. *Your signature on this document indicates that the information contained herein has been explained, you understand the rules set forth, and you have the right to receive a copy if requested.* **YOU AGREE:**

1. To respect the privacy and confidentiality of any information you have access to and that you will access or use only that information necessary to perform your task.
2. To refrain from communicating information about a resident in a manner that would allow others to overhear such information or to discuss a resident's information with anyone not permitted access to such information in accordance with the organization's established policies or resident's wishes (e.g., friends, relatives, visitors, family members of residents, etc.).
3. To immediately report to a Valley Senior Living employee any concerns related to confidentiality.
4. Not to access or request any protected information that is not necessary to perform your assigned duties.
5. To report any suspected or known unauthorized access, use or disclosure of protected information.
6. To abide by the policies and procedures set forth by the facility as well as current regulations governing privacy issues.

I further understand that the duties and obligations of this organization set forth in this document will continue indefinitely including after I separate from the organization.