



# VOLUNTEER/SHADOW APPLICATION & AGREEMENT

## APPLICANT INFORMATION

\_\_\_\_\_  
Name (first, middle, last)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## VOLUNTEER/SHADOW INFORMATION

Volunteer/Shadow Dates: \_\_\_\_\_

Reason For Shadowing/Volunteer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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## OUR MISSION

The mission of Tower View Assisted Living is to provide superior quality-of-life to our residents, which includes a safe and secure, home-like setting. TVAL will provide the residents the opportunity for peace of mind and physical comfort, allowing them to continue the quality of life they are used to, and expect, throughout their later years.

## CONFIDENTIALITY

Due to your presence at Tower View Assisted Living, you may have access to confidential information of our residents. You as a volunteer/shadow need to make certain that this information is not discussed outside of the facility or in any public areas within the facility. Resident information should only be discussed to the extent necessary to fulfill your duties. If this is violated, then it becomes a violation of Resident's Rights which will result in disciplinary actions.

## RESIDENT RIGHTS

Residents of Tower View Assisted Living are guaranteed the following rights, in no specific order (abbreviated format):

1. **Copies of Rights & House Rules** - Have access to Resident Rights & House Rules.
2. **Confidential Mail** - To receive and send sealed, unopened mail, including packages.
3. **Telephone Calls** - To make and receive telephone calls within reasonable limits and in privacy.
4. **Visits** - To have private visitors and adequate time and private space for visits.
5. **Service Charges** - To be fully informed in writing before or at the time of admission of all services and charges for services.
6. **Fair Treatment** - To be treated with courtesy, respect, and full recognition of the resident's dignity and individuality by all employees of the community.
7. **Privacy** - To have physical and emotional privacy in treatment, living arrangements, and in caring for personal needs. Persons not directly providing care and treatment or participating in group sessions shall not be present during such care and treatment except with the express spoken or written consent of the resident.
8. **Confidentiality** - To have all health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts.
9. **Free from Labor** - To not be required by the community to perform labor which is of any financial benefit to the community.
10. **Activity Choice** - To meet with and participate in the meaningful group and 1:1 activities offered daily at the resident's discretion. Resident has the right to refuse participation.
11. **Clothing and Possessions** - To retain and use personal clothing and to retain, as space permits, other personal possession and a low-value in a reasonably secure manner.
12. **Freedom from Mistreatment** - To be free from physical, sexual, and mental abuse and neglect, and from financial exploitation and misappropriation of property.
13. **Freedom from Seclusion & Restraints** - To be free from seclusion, free from all chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior, free from physical restraints except upon review and approval by the department and upon written authorization from the resident's primary physician.
14. **Medication** - To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, while being free from unnecessary or excessive medication and the use of

medication as punishment, for the convenience of staff, as a substitute for treatment or in quantities that interfere with treatment. The resident has the right to refuse medication unless there has been a court finding of incompetence.

15. **Prompt and Adequate Treatment** - To receive prompt and adequate treatment appropriate to the resident's needs.
16. **Choice of Providers** - To exercise complete choice of providers of physical and mental health care, and of pharmacist.
17. **Treatment Choice** - To receive all treatments prescribed by the resident's practitioner, and to refuse any form of treatment unless the treatment has been ordered by a court
18. **Religion** - To be permitted to participate in religious activities of his or her choice, to entertain visits from clergy person or lay representative of his or her choice, and to obtain the help of staff, if needed, to contact such clergy person or lay representative. No resident may be required to engage in any religious activities.
19. **Incompetence** - To not be treated as mentally incompetent unless there was a court determination under chp. 880, Stats. A resident who has been adjudicated incompetent has a right to have his or her guardian fully informed and involved in all aspects of his or her relationship to the CBRF. to by the guardian and the facility.
20. **Least Restrictive Conditions** - To have the least restricted conditions necessary to achieve the purposes of admission to the CBRF.
21. **Recording, Filming, Photographing** - To not be recorded, filmed, or photographed for promotional or advertising purposes without his or her written, informed consent. A photography may be taken for identification purposes.
22. **Safe Environment** - To live in a safe environment.
23. **Self-Determination** - To make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision making.
24. **File a Grievance** - To file a grievance and make a complaint - staff may assist with filing said grievance.
25. **Lock Room Doors** - To lock room doors, if desired.
26. **Roommate Choice** - To have a choice of a roommate, if applicable.

By signing below, I acknowledge I am apart of Tower View's mission, I agree to keep all resident information confidential, and I acknowledge that I have read the Resident's Rights and understand it is my responsibility to obey all rights. In addition, I understand that violating Resident's Rights will result in disciplinary action.

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Volunteer/Shadow Signature

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Date