



# ROCKINGHAM COUNTY LONG TERM CARE

117 North Road  
Brentwood, New Hampshire 03833  
Ph: 603-679-5335, Fax: 603-679-9307  
www.co.rockingham.nh.us

**JENNIFER MONTPLAISIR  
ACTIVITIES DIRECTOR**

## VOLUNTEER APPLICATION

The role of the volunteer is to provide a service for our residents. The expectations of volunteers are to respect each resident and the recognition of each resident's rights to confidentiality, safety, and quality of life.

Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
(maiden name, etc.)

Mailing Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Emergency Contact: \_\_\_\_\_  
Month Day Year (name & telephone number)

Occupation (previous/current): \_\_\_\_\_

Volunteer Reason (circle): Voluntary, Court mandated, Scholastically mandated, Group: \_\_\_\_\_  
Other: \_\_\_\_\_

Your Hobbies, Interests, Skills: \_\_\_\_\_

Your Specific Interest for Assistance (circle):  
Spiritual/Religious, Group Activities, Outings, 1-on-1 visits, Outdoors/courtyard, Other: \_\_\_\_\_

Availability (days & times): \_\_\_\_\_

Reference: \_\_\_\_\_  
(name, mailing address, telephone)

Reference: \_\_\_\_\_  
(name, mailing address, telephone)

As part of the volunteer application process, references and background checks are required. Completion of application does not constitute guaranteed approval to volunteer. Must be 16 years or older to be a volunteer (and parental oversight may be required).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rockingham County Long Term Care Services**  
 *Caring For Generations*  
[home](#)

# ROCKINGHAM COUNTY LONG TERM CARE SERVICES

## VOLUNTEER ORIENTATION CHECKLIST

NAME

DATE

---

- RCNH Volunteer Application
- Primex Volunteer Service Statement & Agreement
- Criminal Record Check
- BEAS
- Volunteer Confidentiality Agreement
- Badge
- Orientation Date: \_\_\_\_\_
- Acknowledgement Form
- Paperwork sent to Activity Director
- Pet Policy (if applicable)
- Parent Letter (if applicable)

Misc

---

---

---

---

---

---

---

---

**County of Rockingham**

**Volunteer Service Statement & Agreement**

Date: \_\_\_\_\_,

I make this **Statement** and **Agreement** in order to provide, and to be authorized to perform, the following uncompensated services to my community:

\_\_\_\_\_ **under the direction**

**of:** \_\_\_\_\_

**between** \_\_\_\_\_

In performing the specified volunteer service, I acknowledge:

- that I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- that if under the age of 18 I have provided a permission form signed by a parent or guardian;
- that I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- that I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify and hold harmless the county, its agents, employees, and officers, from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from my negligent, reckless, wanton or intentional conduct while participating in this activity.
- that I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the county, and will honor the direction of county officials to suspend or terminate service;
- that I agree to the foregoing in consideration for being permitted to perform volunteer service for and on behalf of the county.

Volunteer (print name) \_\_\_\_\_

Volunteer (signature) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**To be executed prior to issuing letter of appointment under RSA 508:17**

**County of Rockingham**

**VOLUNTEER APPOINTMENT**

Dear \_\_\_\_\_:

You are hereby recognized as a volunteer of the County of Rockingham for the purpose of participating in the [project] scheduled between \_\_\_\_\_, 20\_\_ and \_\_\_\_\_, 20\_\_. Your tenure as a volunteer will continue until your resignation or until your termination by the county or the end of the project, whichever comes first. The purpose of this letter is to comply with the provisions of RSA 508:17, the volunteer immunity law, as that law may be amended from time to time.

Thank you for your service.

\_\_\_\_\_  
Authorized County Official

\_\_\_\_\_  
Date



State of New Hampshire  
 Department of Safety  
**DIVISION OF STATE POLICE**  
 Central Repository for Criminal Records  
 33 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE OF RECORD:  Housing  Employment  Annulment/Expungement  Other: Volunteer

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Jennifer Montplaisir, Rockingham County Long Term Care-Activities Dept.

NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS 117 North Road, Brentwood, NH 03833  
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE \_\_\_\_\_

**NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**

**BEAS STATE REGISTRY CONSENT FORM**  
(RSA 161-F:49\*)

**Employer Information**

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: ROCKINGHAM COUNTY-LTCS ACTIVITIES DEPT.

Mailing Address: 117 NORTH RD

City/State/Zip: BRENTWOOD, NH 03833

Telephone: 603-679-5335

Fax: 603-679-9307

For Official Use Only

**Employee Information**

**PLEASE PRINT IN CLEAR BLOCK LETTERS**

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender:  Female  Male

Also known by the following names (Maiden Name, etc.):

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Social Security #: \_\_\_\_\_  
(Required) (Optional)

Position: \_\_\_\_\_ Select one:  Applying  Current Position

employee  consultant  volunteer  vendor  other \_\_\_\_\_

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(REQUIRED)**

**Fax to: (603) 271-6875 or Email [BEASStateRegistry@dhhs.state.nh.us](mailto:BEASStateRegistry@dhhs.state.nh.us)**

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,  
Concord, NH 03301-3857**

**\*This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**

## **Rockingham County Nursing Home Volunteer Confidentiality Agreement**

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of Rockingham County Nursing Home (RCNH). All data, materials, knowledge and information generated through, originating from, or having to do with RCNH or persons associated with our activities, including residents, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of RCNH.

This also includes, but is not limited to, any information of, or relating to, our staff, residents, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form. Resident and family information, including all file/chart information, is not to be disclosed to any third party, under any circumstances.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by RCNH and any applicable laws.

**My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.**

---

Signature of Volunteer

Date

---

Signature of Employee Supervising Volunteer

Date



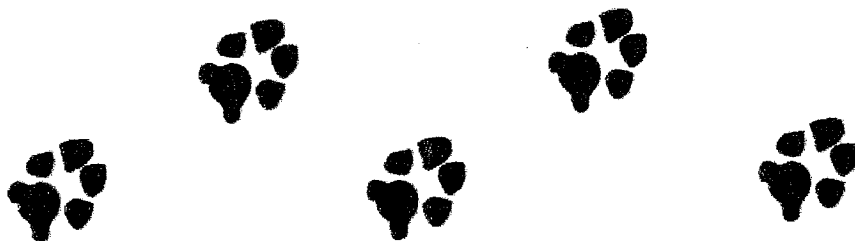
## ROCKINGHAM COUNTY NURSING HOME VOLUNTEERS/VISITORS PET POLICY

For the health and safety of our residents you must comply with the following pet requirements.

- Keep your animal on a leash or held at all times. Do not leave your pet unattended.
- Be sure your animal is current on all its vaccinations.
- Provide a copy of your pet's current vaccination record.
- No pets are allowed in resident dining rooms during meal times.
- You are responsible for cleaning up "accidents" made by your pet while in the building and Atrium.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_





**STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR  
PARENTAL PERMISSION AS DEFINED IN RSA 276-A: 4 VIII AND LAB 1002.02  
FOR THE EMPLOYMENT OF YOUTH AGE 16 OR 17**

Youth's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(please print) (month, day, year)

Youth's Address: \_\_\_\_\_  
Street City State Zip

I, \_\_\_\_\_, grant permission for my son, daughter or legal ward  
(Name of parent or legal guardian)

to be employed with Rockingham County Long Term Care Services - Activities Department  
(Name of employer)

Located at 117 North Road, Brentwood, NH 03833  
Street City State Zip

Description of work volunteer

\_\_\_\_\_  
Date Signature of parent or legal guardian

For information regarding the requirements of RSA 276-A, the New Hampshire Youth Employment Law, please contact the New Hampshire Department of Labor at 271-6294 or 271-1492.

**RSA 276-A:4**

I. No youth shall be employed or permitted to work in any hazardous occupation, except in an apprenticeship, vocational rehabilitation, or training program approved by the commissioner.

VI. No youth 16 or 17 years of age who is duly enrolled in school shall be permitted to work more than 6 consecutive days or more than 30 hours during the school calendar week, which shall be Sunday through Saturday.

VII. No youth 16 or 17 years of age who is duly enrolled in school shall work for more than 6 consecutive days or 48 hours in any one week during school vacations, including summer vacation. For purposes of this paragraph, "summer vacation" means June 1 through Labor Day

**VIII. No youth 16 or 17 years of age, except a youth 16 or 17 years of age who has graduated from high school or obtained a general equivalency diploma, shall be employed by an employer unless the employer obtains and maintains on file a signed written document from the youth's parent or legal guardian permitting the youth's employment.**

**RSA 276-A:13 Night Work.** – No such youth shall be employed or permitted to work at night work more than 8 hours in any 24 hours nor more than 48 hours during the week. If any youth is employed or permitted to work more than 2 nights each week, for any time between the hours of 8 o'clock p.m. and 6 o'clock a.m. of the day following, such employment shall be considered night work.

**Lab 1002.03 Hours Limitations.**

(c) Pursuant to RSA 276-A: 13, any youth scheduled to work more than 2 nights in a week past 8 o'clock p.m. shall not be permitted to work more than an 8 hour shift during that particular week.

**Hazardous Occupations are as defined in Federal Child Labor Bulletin Requirements in Nonagricultural Occupations "Child Labor Bulletins No. 101" Order No. 1 through Order No. 17**

**This form must be on file with this employer prior to 16 or 17 year old youth performing any work.**

If you are under the age of 18, this form must be signed by a parent or legal guardian.

In the event of an emergency, I authorize Rockingham County Long Term Care to provide medical services to my son/daughter, (Name) \_\_\_\_\_. I understand that every effort will be made to contact me and/or other emergency contact names given here on this form.

Signature of Parent / Legal Guardian: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Alternate Emergency Contact Telephone Number: \_\_\_\_\_

Other Comments:

---

---

---

---

---

---

---

---

---

---

\*\*\*\*\*

Updated: \_\_\_\_\_

Updated: \_\_\_\_\_

Updated: \_\_\_\_\_