

ALS United Greater Chicago – Agreement for Receiving a Volunteer

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Below is important information of volunteers with ALS United Greater Chicago including their limitations. The person with ALS and immediate family member(s) should read this entire list carefully. If any statement is unclear, please contact Kathryn Lamar at 312.932.0000 or kathryn@alsunitedchicago.org.

1. Volunteers cannot take the role of a caregiver. They should not provide medical assistance, move or adjust another's body, pull up pants, distribute medication, assist with standing or walking, feed another person, clear a breathing device, or adjust any medical equipment. If a person falls, chokes, or is injured, volunteers are instructed to call 911 and to use their best judgment.
2. Volunteers cannot be alone with a person with ALS who cannot feed or toilet oneself. However, if a person is able to care for oneself, a caregiver does not need to be present while volunteers are in the home.
3. Volunteers are not permitted to provide personal care for children. If volunteers visit with them, children must be able to feed and toilet themselves or an adult or caregiver, who can attend to their needs, must be present in the home.
4. Volunteers cannot transport anyone in their vehicle. They cannot be a passenger in your vehicle.
5. No money may be received from or given to volunteers. However, if volunteers shop for you, they may accept cash or gift cards (credit cards are not recommended) to pay for purchases. They must return the receipt, items purchased, and change. If volunteers purchase items for you, they must be reimbursed. Though gifts for volunteers are not expected, you may give non-monetary gifts below \$25 in value.
6. Volunteers are not permitted to fill out legal documents (accident reports, wills, etc.) or have medical involvement (making appointments, fill out forms, etc.) on your behalf.
7. If a scheduled appointment cannot be kept, the volunteer should be notified as soon as possible.
8. Use reasonable judgment in setting household or personal boundaries with volunteers.
9. Therapy certified pets and children under the age of 18 may volunteer with an adult if you permit it.
10. You must be sober while volunteers are present; i.e. not under the influence of recreational drugs or alcohol.
11. If volunteers know someone who would like to assist you, the new volunteer should complete the screening process through ALS United Greater Chicago before volunteering.
12. Volunteers are not permitted to disclose any of your confidential information to anyone except to the staff of ALS United Greater Chicago when necessary. Staff members also abide by the same confidentiality policy.
13. Volunteers are instructed to contact ALS United Greater Chicago Care Services staff with concerns and are asked to not give medical advice, offer alternative treatment suggestions, or to proselytize.
14. Contact ALS United Greater Chicago Care Services staff if you are uncomfortable or have concerns about a volunteer or prefer another person.
15. If you feel threatened or harassed by a volunteer from ALS United, immediately report it to ALS United Care Services staff. Volunteers are asked to do the same.
16. Be willing to participate in program/performance evaluations.
17. To receive a volunteer you must have first received a Home Visit from ALS United Care Services staff. Receiving a volunteer through ALS United Greater Chicago's Volunteer Program is subject to approval by ALS United staff.
18. ALS United Greater Chicago does not guarantee that all volunteer requests will be filled, as volunteer availability varies.
19. ALS United Greater Chicago Volunteer Program is not an emergency service.
20. Please provide a next of kin contact information. This person may be contacted if you are unreachable.

Name:

___ Relation to you:

___ Phone:

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I, _____ [print names of person with ALS or family caregiver], understand and agree to abide by the statements listed above. I hereby authorize ALS United Greater Chicago to release the following confidential information to volunteers: method of communication preferred, physical status, medical equipment, contact information, and other pertinent information. I also permit volunteers to give my name and address to a family member for safety reasons. I understand that The Association will do its best to fill my volunteer request but that there is no guarantee of service.

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in ALS United Greater Chicago’s Volunteer Assistance Program, assisting persons with ALS and their caregivers organized by ALS United Greater Chicago, of 5315 N Clark St #650 Chicago, IL 60640 and/or use of the property, facilities and services of ALS United Greater Chicago I agree for myself and, if applicable, for the members of my family, to the following:

1. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself, (if applicable) my family members and personal property, and further release and discharge ALS United Greater Chicago for injury, loss or damage arising out of my or my family's use of or presence upon allowing volunteers to perform services on behalf of ALS United Greater Chicago whether caused by the fault of myself, my family, ALS United Greater Chicago or other third parties.
2. I agree to indemnify and defend ALS United Greater Chicago against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of this service provided by ALS United Greater Chicago.
3. Any legal or equitable claim that may arise from participation in the above shall be resolved under Illinois law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Date	Signature	Printed Name
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Date	Signature of Participant (if other than person signing Release of Liability)	Printed Name
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Address, City, State Zip	Phone Number
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Return completed form to Kathryn Lamar at
kathryn@alsunitedchicago.org
5315 N Clark St #650 Chicago, IL 60640