JACKSONVILLE
AREA CHAMBER OF COMMERCE

Volunteer Connections

Agency / Business Name

Jacksonville Convalescent Center

Contact Name

Melba Turner, Community Relations Director

Address

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City, State, Zip

Jacksonville, IL 62650

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jccscc@nhmspr.com

Website

www.jacksonvilleconvalescentcenter.com

Brief description of your agency / business

Skilled care nursing facility providing 24 hour/day care and rehabilitative convalescent care.

What kinds of volunteer opportunities do you have to offer?
Please describe each opportunity, the number of volunteers needed for each opportunity, the number of hours involved, frequency (e.g. daily, weekly, monthly, occasionally, etc.), qualifications, and any other pertinent information a potential volunteer would need to know.

Name of volunteer opportunity: **Administrative/Business Office**
Description of opportunity: Answer telephones in the evening and on weekends during the day and the evening. Evenings 4 p.m. – 8 p.m. and on weekends 8 a.m. – 4 p.m. and 4 p.m. – 8 p.m.
Number of hours involved: 2 – 8 depending on volunteer
Frequency: daily
Qualifications: Professional telephone voice, ability to take messages.
Other information:

Name of volunteer opportunity: **Medical Records**
Description of opportunity: Put together admit/re-admit packets. Copy and put forms together for admissions to the facility.
Number of hours involved: Up to the volunteer
Frequency: Up to volunteer
Qualifications: Able to use copy machine
Other information:

Name of volunteer opportunity: **Nursing**
Description of opportunity: Pass ice water to resident rooms
Number of hours involved: 1 – 2 per day
Frequency: daily or as often as volunteer prefers
Qualifications: Ability to follow clean procedure
Other information:

Name of volunteer opportunity: **Nursing**
Description of opportunity: Transport residents to and from dining room, activities, etc. Push wheel chairs for residents. Does not hands on assist residents in any way unless volunteer is a CNA
Number of hours involved: 1-2 hours during each mealtime

Frequency: three times each day
Qualifications: Ability to push wheelchair
Other information:

Name of volunteer opportunity: **Nursing**
Description of opportunity: Make resident beds
Number of hours involved: 1-2 hours
Frequency: every morning
Qualifications:
Other information:

Name of volunteer opportunity: **Nursing/Social Services**
Description of opportunity: Read to or write letters for residents
Number of hours involved: Up to volunteer
Frequency: Up to volunteer
Qualifications:
Other information:

Name of volunteer opportunity: **Nursing/Social Services**
Description of opportunity: Visit with residents
Number of hours involved: Up to volunteer
Frequency: Up to volunteer
Qualifications:
Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Conduct/assist with art/craft class or group activity
Number of hours involved: 1-2
Frequency: daily
Qualifications:

Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Lead exercise group before meals
Number of hours involved: ½ hour before each meal
Frequency: three times daily
Qualifications:
Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Help make monthly activity calendars and hang one for each resident in the rooms
Number of hours involved: Up to volunteer
Frequency: monthly
Qualifications:
Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Help with facility decorations
Number of hours involved: Up to volunteer
Frequency: at least monthly
Qualifications:
Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Play cards or board games with residents
Number of hours involved: Up to volunteer
Frequency: Up to volunteer
Qualifications:
Other information:

Name of volunteer opportunity: **Dietary**
Description of opportunity: Fill all condiment containers
Number of hours involved: up to volunteer
Frequency: up to volunteer
Qualifications:
Other information:

Name of volunteer opportunity: **Medical Records**
Description of opportunity: Stock forms at nurses stations. Copy and replace forms as they get low at each nurses station.
Number of hours involved: up to volunteer
Frequency: up to volunteer
Qualifications:
Other information:

Name of volunteer opportunity: **Activities**
Description of opportunity: Help with writing, typing, and mailing monthly newsletter
Number of hours involved: Up to volunteer
Frequency: monthly
Qualifications:
Other information:

Name of volunteer opportunity: **Dietary**
Description of opportunity: Put away groceries when delivered
Number of hours involved: Up to volunteer
Frequency: At least weekly
Qualifications:
Other information: