

**MIDWEST BRAIN INJURY CLUBHOUSE**  
**Clubhouse Volunteer Information**

**Mission Statement:** To provide life long rehabilitative services and support to those affected by brain injury or stroke.

**Location:** 300 N. Elizabeth St., Suite 310, Chicago, IL 60607

**Telephone Number:** 312-226-8720

**What do volunteers do?**

- Lead a class or activity
- Assist the members in completing an activity or job project
- Join a committee for fundraising or a special project
- Join our Board of Directors

**Hours of Operation:** 8:30a.m to 3:00pm, Monday through Friday. The organization is closed on the weekends and on all major holidays. During extreme weather conditions, call for cancellations.

**PROGRAMS**

**Clubhouse Programs:** This is a day program for adults with brain injury and stroke. The Clubhouse Model is based on the idea that work is healing for people and that everyone needs a purpose and productive activity. Members of the Clubhouse, with assistance of staff, are responsible for all of the daily operations through Work Units. In doing so, new and old skills can be learned to improve cognitive, physical and emotional abilities. All members are recognized for their contribution, not matter how big or small. Work Units & Programs: Business Unit, Kitchen Unit, Education & Employment Unit, Community Outings, Health & Wellness Programs

**How do I help?**

The purpose of your assisting the members is to teach them a skill or lead an activity. Many of the activities are designed to give members a way to be productive active people. Therefore, you help by either simplifying the activity, breaking it into manageable steps or giving instructions on how to complete it. Please do not do the activity or the job for the member! It is okay to let someone struggle a little. Make sure to give your support and praise for their efforts and assist by making the task manageable. ***No one gets better by having YOU do their work.*** Think of yourself as a teacher and these are your students.

**What kinds of problems will the members have?**

***Cognitive disorders*** – trouble with memory, attention, problem solving, reasoning, or safety

***Language disorders - Aphasia*** – trouble finding words, difficulty reading or writing

***Speech disorders - Dysarthria*** – slurring of the speech

***Physical Impairments*** – difficulty with balance, weakness on one or both sides of the body, tremors

***Visual Impairments*** – blurred vision or reduced visual perception to the right or left side.

***Dysphagia*** – difficulty with chewing or swallowing food or liquids. Some may have thickened liquids or pureed food that is safer and easier to swallow.

***Behavioral Impairments*** – members can experience behavior problems such as low frustration tolerance, over-stimulation to noise, extra activity, responding with comments that are inappropriate, lethargy or outbursts. The best way to handle this is always preventing it from occurring in the first place. Observe

the member for signs of difficulty. Provide a more simple activity, take a break, or go to a quiet spot. Sometimes, just simple distraction works well. Ask about their family or pet. Please alert staff to any behavioral situations. Feel free to give the member honest but kind feedback about their behavior such as “that makes me a little uncomfortable” or “boy, that was too much information”. Humor is always good. **Seizures** – as a result of or the cause of their brain injury, about 50% of our members have seizures. Your role is to make sure the person does not injure themselves during a seizure by protecting their head or helping them to a chair or the floor. Never put anything in a person’s mouth. Prolonged seizures require medical attention. Seizures vary from person to person and may just involve staring into space. Always alert staff.

### **The Member’s Injuries**

Everyone at the Clubhouse has some type of brain injury or stroke. We prefer that you don’t ask about it nor encourage them to talk about it. If a member is having emotional issues with adjustment, please be supportive and lend an ear. But in most cases, we prefer that you say “I am sorry that happened to you, but let’s focus on this to help you get better”. Clubhouse is about moving on and working with the abilities you have.

### **Outings**

Outings into the community are a great way for volunteers to get involved. These outings do have reason for extra caution to be taken. Please follow these rules when joining our outings.

- **Emergency Information Forms** – a copy of the emergency information form for each member on the trip must be with a staff person and/or volunteer. In case of an emergency, this is used to contact their family and to be given to the emergency room or paramedics.
- **Cell Phones** – A staff person is required to have a cell phone with the Clubhouse’s number programmed in. If the group divides into smaller groups, at least one volunteer / staff person in each small group must have a cell phone and copies of the emergency forms in their possession.
- **Supervision** – At no time can a member leave the group. If a member must use the restroom, please monitor by standing directly outside the restrooms to ensure their safety.
- **Behavior** – If a significant behavioral incident occurs, contact the Clubhouse to see if the person can be removed from the outing by a staff person at the facility. Again, they cannot be put into a cab or walk back by themselves. If the behavior is so severe that a person is a threat to themselves or others, 911 should be called. In addition, please call the Executive Director.
- **Transportation** – A volunteer or staff person must escort the group in each cab. Everyone including volunteers must wear their seat belts. It is helpful to have the phone number for a cab company in your phone if you are unable to flag one down. The Clubhouse will provide funds for the cab fare. A purchase slip must be completed upon return to document that amount spent.
- **Cost** – Members are asked to contribute their own funds to the outings including \$5 for cab fare. However, due to their impairments, they may need help determining what are appropriate purchases and if they have enough money for the purchase, tax and tip, if applicable. Volunteers should not be responsible for paying for anyone’s meal or admission fees. It is part of the rehabilitation process to understand monetary transactions and smart budgeting.
- **Alcohol** – No volunteers, members or staff can consume any alcohol on outings. Smoking regulations of the City of Chicago apply to all.

## **Policies**

**Supervision** – Volunteers are directly supervised by the Clubhouse Staff. They can guide you in your activity with the members. Please follow their directions as to what tasks are appropriate.

**Responsibilities** – We ask for commitments of your time and activity so that we can structure our programs & time accordingly. If you are unable to make your scheduled time, please let us know.

**Confidentiality** – All volunteers are asked to sign a confidentiality form. During your interaction with the members, you may come into contact with personal information. We ask that no information regarding the members, their injuries or actions be discussed outside the Clubhouse. Volunteers who violate this policy will be asked to leave and may face legal repercussions.

**Evaluation & Survey** – Volunteers will give and receive feedback on their work at the Clubhouse. This is to provide a valuable experience for you and for our members.

**Hours** – Please document all hours worked on the clipboard in the Support Office.

**Dismissal** – Volunteers are required to follow all the policies and procedures of the Clubhouse. If at such time issues arise, we will ask for you to discontinue your service with the Clubhouse. We work diligently to provide the very best care to our members, their families and our funders. Providing a safe and ethical environment is essential.

**Attendance:** Please call if you are unable to make your scheduled time.

**Smoking:** No smoking is allowed. A designated smoking area is located outside at the loading dock.

**Attire:** We ask that our volunteers dress in clothes that are considered appropriate for a business or the activity for which you are leading. We ask that you do not wear shorts or revealing clothes.

**Family:** We ask families do not volunteer at the Clubhouse as the purpose is to foster independence. Opportunities are always available to assist with fundraising as this is the primary means of support.

**Personal care assistance:** We ask that volunteers do not offer any assistance with personal care (bathroom care, transfers) Please locate a staff person to assist.

**Medical concerns:** We do not offer any medical or nursing care. Medications are to be taken by the member. Do not administer any medications to any member.

**Emergencies:** All members have an emergency contact sheet for emergencies located in a blue binder at the reception desk. In case of an emergency, call 911 and give them this emergency sheet. In case of an evacuation, this binder is to be taken to ensure that we have all information for our members with us. First aid supplies are in the Support Office. A fire extinguisher is located near the kitchen.

*Thank you for your time and efforts in helping our members and the Clubhouse succeed.*

*We greatly appreciate it!*

*Please feel free at any time to ask our staff for assistance or for more information.*

**MIDWEST BRAIN INJURY CLUBHOUSE  
VOLUNTEER AGREEMENT FORM 4:3C**

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		
<b>Email Address:</b>		
<b>Date of Birth:</b>		

- 1) How did you hear about the Clubhouse?
- 2) Special Talents or Interests?
- 3) Motivation to volunteer?
- 4) Preferred method of contact?
- 5) May we contact you by mail or email regarding upcoming needs and events?
- 6) Best hours & days?

**Confidentiality Agreement**

As a condition of volunteering or participating in a project, I understand and agree to the following:

- All information which I receive in connection with my contract with the Clubhouse or its Members will be held in the strictest confidence.
- I understand that disclosure of any of the confidential information may be subject me to penalties which may be imposed by the State or Federal Law and may subject me personally to Civil Liability.

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

**Volunteer Agreement**

I understand and agree to the following:

- As a volunteer, I will perform only those activities which are under the direction of the Clubhouse Staff. I agree to abide by the policies of the Clubhouse.
- I understand that I can be terminated at any time, if I fail to comply with the items in this agreement.

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

**Background Checks**

I understand and agree to the following:

- As the Clubhouse serves individuals of a vulnerable population and at times, minors, I understand that a brief background check that includes a screening for any sexual offenses will be completed to ensure the safety of all, our members, staff and volunteers.

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

**Gift of the Right of Publicity**

As a volunteer, I give, grant and convey to the Midwest Brain Injury Clubhouse without compensation to the Volunteer from any party including the Clubhouse, the absolute right and unrestricted permission to use and/or publish names, images, and photographic pictures in which I may be included, in whole or in part, on reproductions in color, black and white, and made through any media for any purpose. I, the volunteer, waive any right to inspect or approve the finished product. The photographs, videotape, and negatives will be the sole property of the Midwest Brain Injury Clubhouse.

\_\_\_\_\_ initial

No, I do not grant my permission for the MBIC to publish my picture.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Midwest Brain Injury Clubhouse  
Volunteer Evaluation – Form 4:3B**

Please rate your experience

Rating: 1=Strongly Disagree, 2= Disagree, 3=Neutral, 4= Agree, 5=Strongly Agree

	1	2	3	4	5
I understood the purposes and goals of this organization and the importance of my volunteer participation.					
I understood and complied with the need for client confidentiality.					
I felt comfortable working with the members.					
I understood and used the policies of the Clubhouse procedures.					
I felt that my contribution was valued.					
I would recommend this organization to others looking to volunteer.					
I would recommend this organization to someone in need of services					

Additional feedback: \_\_\_\_\_

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Comments on Performance from Members or Staff: \_\_\_\_\_

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Continue volunteering? Yes      No