



Commonwealth of Massachusetts
COUNTY OF NORFOLK
Office of the County Commissioners
RSVP VOLUNTEER PROGRAM



614 High Street, P.O. Box 310, Dedham, MA 02027-0310
Tel: 781-329-5728 Email: rsvp@norfolkcounty.org Fax: 781-326-6480

Commissioners
Francis W. O'Brien, Dedham, Chairman
John M. Gillis, Quincy
Peter H. Collins, Milton

Clerk: Walter F. Timilty, Milton
County Director: Daniel P. Matthews

RSVP Director
Lillian Hartman

RSVP PARTNERSHIP AGREEMENT

Dear Site Partner,

Thank you for hosting senior volunteers! With the renewal of our federal grant funding, the RSVP Volunteer Program is required to update our agreements and volunteer job descriptions with each site partner. This Memorandum of Understanding (MOU) outlines RSVP and site partner responsibilities for hosting senior volunteers, and is valid for three years.

Please complete the attached forms, updating pre-filled information as necessary. You may elect to assign CORI checks to RSVP or to waive RSVP CORI checks for incoming volunteers. If the attached job descriptions are still up-to-date for all RSVP volunteers at your site, please initial and date them to approve their continued use. If you would like to add or revise job descriptions, please use the form provided. **New MOUs are due to RSVP by March 28, 2014.**

I am new to Norfolk County and look forward to meeting you and working with your station. If you have any questions at all, please don't hesitate to contact me at (781) 234-3447. We want you to be happy with your volunteer experience with Norfolk County RSVP – so please keep us informed!

Sincerely,

Lillian Hartman, Director of Norfolk County RSVP
Phone: 781-234-3447
lhartman@norfolkcounty.org



NORFOLK COUNTY RSVP VOLUNTEER PROGRAM

Your Invitation to Respond to Your Community
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NORFOLK COUNTY RSVP RESPONSIBILITIES

1. Recruit, interview, and enroll RSVP volunteers and refer volunteers to the volunteer stations.
2. Provide orientation to volunteer station staff prior to placement of volunteers.
3. Review acceptability of volunteer stations yearly and work with station staff to develop assignments with high impact and opportunities for volunteers.
4. Furnish supplemental accident insurance coverage to volunteers as required by program policy.
5. In cooperation with the RSVP Advisory Committee, arrange for an appeals procedure to address problems arising between the volunteer, the volunteer stations and/or RSVP.
6. Provide limited transportation reimbursement for travel expenses to volunteers.
7. Arrange with volunteer station for meals, when possible, for volunteer assignments.
8. Monitor volunteer activities at volunteer stations through an annual written evaluation in which stations are encouraged to assess current volunteer activities and future needs.
9. Unless waived by the Volunteer Station, assure that all RSVP volunteers will be screened for criminal record (CORI check) prior to placement.



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VOLUNTEER STATION RESPONSIBILITIES

1. Work cooperatively with RSVP staff to identify RSVP assignments that have a measurable impact on the critical needs addressed by the agency. Will discuss assignments with individual volunteers referred by RSVP and also provide written assignments to volunteers with instructions.
2. Make final decision on acceptance of volunteers.
3. Implement a volunteer orientation, in-service instruction or special training of volunteers.
4. Furnish volunteers with any materials required for assignments.
5. Provide for adequate safety of volunteers.
6. Collect and validate assessment of volunteer impact information with appropriate volunteer reports provided by and for submission to RSVP.
7. Investigate and report any accidents or injuries involving RSVP volunteers on station assignment to RSVP.
8. Provide supervision of volunteers on assignment.
9. Supply financial vouchers to RSVP to verify non-federal support when lunches, transportation or special recognition has been provided to volunteers.
10. Promote RSVP information in annual report, newsletters and to the public at large.
11. Sign and submit monthly time sheets to validate volunteer service hours to RSVP. A sample time sheet, which can be copied as needed, is attached.



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OTHER PROVISIONS

1. **Separation from Volunteer Service:** The volunteer station may request the removal of an RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the Volunteer Station or from RSVP at any time. Discussion of individual separations will occur among RSVP staff, Volunteer Station staff, and the volunteer to clarify the reasons, resolve conflicts, or take remedial action, including placement with another Volunteer Station.
2. **Religious Activities:** The Volunteer Station will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
3. **Displacement of Employees:** The Volunteer Station will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.
4. **Accessibility and Reasonable Accommodation:** The Volunteer Station will maintain the programs and activities to which RSVP volunteers are assigned accessible to persons with disabilities (including mobility, hearing, vision, mental, and cognitive impairments or addictions and diseases) and/or limited English language proficiency and provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.
5. **Prohibition of Discrimination:** The Volunteer Station will not discriminate against RSVP volunteers or in the operation of its program on the basis of race; color; national origin, including limited English proficiency; sex; age; political affiliation; sexual orientation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.



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RSVP Volunteer Station Memorandum of Understanding

Volunteer Station: _____

Address: _____

City/Town: State: _____

Telephone: _____ Fax: _____ E-Mail: _____

Period Covered: April 1, 2014 to March 31, 2017

This Memorandum of Understanding (MOU) includes RSVP Responsibilities, Volunteer Station Responsibilities, and Other Provisions, which will guide the working relationship between the parties.

The RSVP Director will serve as the liaison with the Volunteer Station.

The Volunteer Station Representative who will serve as liaison with RSVP, and will be responsible for volunteer orientation and supervision is:

Please Print: Name, Title, and (if different from above) Contact Information

The Volunteer Station certifies that the volunteer station is a public or non-profit private organization, or a proprietary health care agency.

This MOU may be amended, in writing, at any time by agreement of both parties.

Signature (Volunteer Station)

Date

Signature (RSVP Director)

Date



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ASSIGNMENT OF CORI

Volunteer Station: _____

I hereby charge Norfolk County RSVP with the responsibility of conducting Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this assignment of responsibility:
(Please check all that apply)

- Volunteers, at our volunteer stations, directly serve/contact vulnerable populations.
- This agency does not have the ability to perform Criminal Offender Record Information (CORI) checks on volunteer.
- Other (Reason) _____

Signature (Volunteer Station)

Date



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CORI WAIVER

Volunteer Station: _____

I hereby relinquish Norfolk County RSVP of the responsibility to conduct Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this waiver (check all that apply):

- Volunteer's, at our volunteer stations, do not directly **serve/contact** vulnerable populations.
- This agency performs Criminal Offender Record Information (CORI) checks on all volunteers regardless of **whether or not** Norfolk County RSVP performs a CORI check.
- Other (Please State reason): _____

Signature (Volunteer Station)

Date



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SAFETY & ACCESSIBILITY ANNUAL RSVP PARTNERS STATION SELF-EVALUATION

In order for all of our volunteers to be placed in a safe environment and for those members with disabilities to be placed at community service sites that ensure their capabilities are maximized, we are required by our federal grant to obtain the following information annually. With this knowledge, we can better place our volunteers.

Please fill out to the best of your knowledge and call if you have any questions. Please use a second page if necessary.

Agency Name: _____

Contact Person: _____

Site Address: _____ e-mail: _____

1. Are there adequate accommodations for people with visual, hearing, mental and cognitive issues? Yes _____ No _____
2. Any barriers to entering this site? Yes _____ No _____
3. Is there a wheel chair accessible bathroom? Yes _____ No _____
4. Are all floors accessible to someone with limited mobility? Yes _____ No _____
5. Are all services performed within this building? Yes _____ No _____
6. If there are identified barriers to access, what reasonable adaptations can you make for volunteers? N/A _____ Yes _____ No _____
7. Does this facility ensure the physical and emotional safety of all volunteers? Yes _____ No _____

Signature (Volunteer Station)

Date



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VOLUNTEER JOB DESCRIPTION

VOLUNTEER STATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

AGENCY FUNCTION: _____

JOB TITLE: _____

PURPOSE OF JOB: _____

RESPONSIBILITIES: _____

SPECIFIC SKILLS NEEDED: _____
