



NORFOLK COUNTY RSVP VOLUNTEER PROGRAM

Your Invitation to Respond to Your Community
614 High Street, P.O. Box 310, Dedham, MA 02027



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Web: www.norfolkcounty.org/rsvp

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