

Volunteer Connections Memorandum of Understanding (M.O.U.)



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An Agreement between Volunteer Connections (The Retired and Senior Volunteer Program) and

Organization: _____

Program (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Street Address: _____

Agency Representative: _____ Title: _____

Phone Number: _____ Fax #: _____

E-mail address: _____

Contact for Referring: _____ Email: _____

To have your organization registered on www.1-800-Volunteer.org :

Please choose: Username: _____ Password: _____

(Complete ONLY if you do not currently have an account - We will add you to the website after we receive your Memorandum of Understanding. You can update your own opportunities on the site after confirmation is received.)

RSVP/Volunteer Connections and its volunteer stations form an important alliance. Together we identify meaningful volunteer opportunities for individuals of all ages, recognize volunteers for their service, and respond to our community's most critical needs. A successful partnership means that each party must meet specific commitments. This Memorandum of Understanding (M. O. U.) is an agreement between your organization and RSVP/Volunteer Connections. The M.O.U. identifies the rights and responsibilities shared by you and RSVP/Volunteer Connections. It also authorizes you to use the www.1-800-volunteer.org website to post your volunteer opportunities. This agreement will be renewed every three (3) years. RSVP is a program of the Corporation for National and Community Service and does not charge for these services.

I CERTIFY THAT THIS IS A NON-PROFIT, GOVERNMENT, OR HEALTH PROPRIETARY ORGANIZATION, AND WILL ABIDE BY THE GUIDELINES STATED IN THIS AGREEMENT. As a partnering agency I agree to assist Volunteer Connections in meeting its federal guidelines by documenting volunteer time. Our agency will forward timesheets monthly to Volunteer Connections and will provide supervisor signature on the volunteer and/or group timesheets. I agree to review and validate (by signing) the quarterly reports that are sent to me from Volunteer Connections documenting volunteer hours at my agency by Volunteer Connections members, and return them via fax or mail within a week. If volunteer signatures are missing I will make sure those signatures are included on that report as well.

Signature of Agency Representative

Date

Please provide a brief description of the focus of your organization or include a pamphlet with your M.O.U.:

OFFICE USE ONLY

Station ID#: _____ M.O.U. Date: _____ M.O.U. Renewal Date: _____

Volunteer Connections Manager

Date

1-800 Reporter E-mail

AS A VOLUNTEER STATION, YOU ARE ENTITLED TO:

- Ask Volunteer Connections to recruit and place volunteers with specific skills and experience.
- Expect volunteers to be punctual, professional, and cooperative.
- Expect volunteers to call in advance if they are ill or otherwise unable to report to their volunteer position.
- Discharge a volunteer if his/her work or conduct is unsatisfactory.

AS A VOLUNTEER STATION, YOU ARE RESPONSIBLE TO:

- Maintain and update agency information and volunteer opportunities with Volunteer Connections and on the websites. Respond to inquiries generated by the website in a timely fashion.
- Ensure that volunteers will not be engaged in political or religious activities.
- Contact and/or interview the volunteers referred to you in a timely manner, and make final decision regarding placement.
- Provide a safe working environment, a job description, supervision and training for volunteers.
- *WHEN POSSIBLE* support the volunteers by meeting out-of-pocket expenses.
- Assist us in documenting volunteer time by providing the volunteer and the supervisor signatures on the volunteer individual monthly timesheets or group timesheets. (Volunteers initialing printed name is okay.)
- Verify names of volunteers serving at your organization when requested.
- Provide Volunteer Connections with statistical or other information pertaining to volunteer accomplishments and the impact they have on the agency, clients, and community.
- Inform volunteers and Volunteer Connections of any special requirements, fees, and expectations necessary for the assignment.
- Not discriminate against any volunteer on the basis of race, color national origin, sex, age, political affiliation, religion, or on the basis of a disability, if the volunteer is a qualified individual with a disability.
- Assist Volunteer Connections in promoting, documenting and reporting volunteer efforts, hours and the impact on our community.

VOLUNTEER CONNECTIONS IS RESPONSIBLE TO:

- Attempt to fill each job request with the appropriate volunteer.
- Update and review your requests for volunteer assistance.
- Support and recognize the volunteers at your organization.
- Help develop programs that address community needs and create innovative volunteer assignments.
- Conduct periodic site visits of volunteer organizations and activities.
- Process Washington State Patrol background checks on newly-registered volunteers.
- Promote your opportunities on the websites as well as in other media.
- Inform you of professional development opportunities, volunteer recognition resources, national trends, and news from the field.
- Provide technical assistance and training on how to maintain and update information on the websites.

REQUESTING A VOLUNTEER

Volunteer requests may be mailed, emailed, faxed, or taken over the phone.

STEP 1: Develop a Job Description – What are the duties? Time commitment? How many volunteers do you need? Where? When? What qualifications should the volunteer have?

STEP 2: Appoint a Contact Person

STEP 3: Complete the Volunteer Request Form - Please submit the form to the Volunteer Connections office at the earliest possible date. It is important that we have adequate time to place volunteers.

STEP 4: Changing Your Request - If you must cancel, or in any way alter your request, please inform our office at least 24 hours in advance so that we can notify the volunteers.

HANDICAPPED ACCESSIBILITY SELF-EVALUATION CERTIFICATION

Organization Name: _____

Address: _____

Telephone Number (with Area Code): _____

I certify that a handicap accessibility self-evaluation has been:

____ Completed on _____
(Date)

____ Partially completed and will be done on _____
(Date)

The results of the self-evaluation(s) is (are) as follows:

____ The recipients' program, when viewed in its entirety, is accessible and no corrective actions are required.

____ The recipient's program, when viewed in its entirety, is accessible, but some corrective actions will be made.

____ The recipient's program, when viewed in its entirety, is not accessible. FOR SPONSOR ONLY: Corrective action will be made by: _____
(Date)

I understand that, if the organization has 15 or more employees, information on how the self-evaluation was conducted is to be made available for public inspection for 3 years after its available to ACTION officials upon request.

(Date)

(Signature)

(Name/Title of Responsible Official)

Each OAVP station and VISTA site must submit this certification form to its OAVP sponsor or VISTA project. Each OAVP sponsor and VISTA project must submit this one form to its ACTION State Office.

OVER


A “QUICK LOOK” CHECKLIST FOR ACCESSIBILITY

While a full review of a facility requires comparison of existing conditions with the standards established by the ADA Accessibility Guidelines (ADAAG) and Washington Administrative Code 51.20 (barrier free design standards), this checklist will give a quick appraisal of potential problem areas for accessibility. Complete of these items will not necessarily achieve compliance with ADA or WAC requirement.

Item to be performed:

Building Access		<u>Yes</u>	<u>No</u>
1.	Are disabled parking spaces designated near the main building entrance?	_____	_____
2.	Are disabled spaces 96” wide designated with a 60” access aisle?	_____	_____
3.	Has a “drop off” zone been established near the building entrance?	_____	_____
4.	Is the gradient/slope from parking to building entrance 1:12 or less?	_____	_____
5.	Is the entrance doorway (open) at least 32 inches wide?	_____	_____
6.	Is the door handle easy to grasp? Has a lever handle been installed?	_____	_____
7.	Is the door easy to open (less than 8.5 pounds pressure)?	_____	_____
8.	Has adequate signage been installed to direct visitors and clients?	_____	_____
9.	Are accessible facilities identified?	_____	_____

Building Corridors		<u>Yes</u>	<u>No</u>
1.	Is the floor surface of the travel path hard and not slippery?	_____	_____
2.	Is the path of travel wide enough (36”) for a wheelchair?	_____	_____
3.	Do obstacles (telephones, fountains) protrude less than 4” into corridor?	_____	_____
4.	Are elevator controls low enough (54”) to be reached from a wheelchair?	_____	_____
5.	Are elevator markings in Braille?	_____	_____
6.	Do elevators provide audible signals?	_____	_____
7.	Do elevators interiors provide a turning area of 51” for wheelchairs?	_____	_____

Restrooms		<u>Yes</u>	<u>No</u>
1.	Are restrooms near the building entrance or program areas?	_____	_____
2.	Do doors have lever handles?	_____	_____
3.	Are doors into restrooms at least 32” wide?	_____	_____
4.	Is restroom large enough for wheelchair turnaround (60” minimum)?	_____	_____
5.	Are stall doors a minimum of 32” wide?	_____	_____
6.	Are grab bars provided on the back walls in toilet stalls?	_____	_____
7.	Are sinks at least 30” high with room for a wheelchair to roll under?	_____	_____
8.	Are soap and towel dispensers no more than 48” from the floor?	_____	_____

Program Areas		<u>Yes</u>	<u>No</u>
1.	Are doorways to program areas a minimum of 32” wide?	_____	_____
2.	Are interior doors easy to open?	_____	_____
3.	Is the threshold no more than ½” high?	_____	_____
4.	Is the path between tables, desks and furniture wide enough for wheelchairs?	_____	_____

Program Access		<u>Yes</u>	<u>No</u>
1.	Do policies, practices or standards – either formal or informal – have the direct or indirect effect of excluding or limiting the participation of individuals with disabilities in our organization’s programs or activities?	_____	_____
2.	Does your organization have policies that ensure that “reasonable accommodation” is made to individuals, including volunteers, with disabilities?	_____	_____
3.	Does your organization notify all persons (participants, beneficiaries, volunteers, visitors, and other interested parties) of your organization’s policy not to discriminate against individuals with disabilities?	_____	_____