Volunteer Assignment Description
RSVP of SI

Volunteer Station: ________________________________

Title of volunteer assignment: ________________________________

Basic volunteer duties involved with this assignment:
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________

Who will be served by this assignment?
____________________________________________________

What is the anticipated benefit of this volunteer service to those receiving the service?
____________________________________________________

What specific skills will the volunteer need? Include any requirements for lifting, standing, or other physical requirements.
____________________________________________________

Name of person providing this information: ________________________________

Telephone/Fax: ________________________________

Email: ________________________________ Date: ________________________________

Acceptance by RSVP of SI Staff: ________________________________ Date: ________________________________
Volunteers Make Communities Great!

Volunteer Station Annual Safety Assurance
RSVP of SI

Dear Station Supervisor,

As an RSVP of SI partner station, we rely on you to provide adequately for the safety of RSVP of SI volunteers serving at your organization.

Please sign this form confirming that appropriate measures are in place to ensure the safety of RSVP of SI volunteers serving at your station. Appropriate measures may include clearly marked exits, posted fire escape routes, accessible entrances, safety training, etc.

If you have any questions or concerns, please contact me.

Thank you,
Kandi Wallis
RSVP of SI Project Director

Station Supervisor Signature ____________________________

Date ______________
Volunteers Make Communities Great!

Memorandum of Understanding

RSVP of SI

This Memorandum of Understanding (hereinafter referred to as MOU) contains basic provisions, which will guide the working relationship between both parties. It is entered into by Egyptian Area Agency on Aging Inc. (hereinafter referred to as RSVP of SI) and __________________________ (hereinafter referred to as Station).

Station Name: _____________________________________________

Station Site Address: _______________________________________

City: __________________________ State: ____________ Zip: ________

Station Mailing Address: _____________________________________

City: __________________________ State: ____________ Zip: ________

The RSVP of SI and the Station may be referred to herein as the “Parties.” This MOU is effective from __________________________ through __________________________. This MOU may be amended in writing at any time with the concurrence of both parties and must be renegotiated at least every three (3) years.

Basic Provisions

RSVP of SI’s Responsibilities

1. Recruit, enroll, and interview volunteers
2. Refer volunteers to the station for possible assignment
3. Review acceptability of volunteer assignments
4. Instruct volunteers in proper use of volunteer timesheets, reimbursement, guidance, and procedures
5. Provide orientation to Station staff prior to placement of volunteers and at other times as needed
6. Initiate publicity regarding RSVP of SI
7. Furnish accident, personal liability, and excess automobile insurance coverage for enrolled volunteers required by national CNCS & RSVP policies. The insurance provided by the sponsor is secondary coverage and is not primary insurance
8. Periodically monitor volunteer activities at the Station to assess and/or discuss needs of volunteers and the Station
9. Staff an Advisory Council to RSVP of SI. Along with the Advisory Council, arrange for appeals procedure to address problems arising between the volunteer, the Station and/or RSVP of SI
10. Arrange for appropriate volunteer recognition
11. Coordinate with other volunteer and social service programs in the area to foster effective communication and avoid duplication
12. Reimburse eligible volunteers for transportation costs between their home and volunteer Station in accordance with RSVP of SI policies and availability of funds
14. Provide photo identification for volunteers if not provided by the station

Station’s Responsibilities

1. An estimated ______________ volunteer assignments will be made available through the Station
2. Interview and make final decisions on assignments of RSVP of SI volunteers
3. If required by Station, perform and pay for background or other screenings of volunteer
4. Implement orientation of Station, in-service instruction, and/or special training of volunteers
5. Furnish volunteers with materials required for assignment. These materials may include appropriate uniform and photo I.D.
6. Provide supervision of volunteers on assignment. Please provide the supervisor’s name and contact information on next page.
7. Provide volunteer assignment descriptions for each volunteer opportunity at the Station
8. Provide for adequate safety of volunteers and submit an annual assurance upon request to RSVP of SI
9. Investigate and report any accidents and injuries involving RSVP of SI volunteers immediately to RSVP of SI. All reports shall be submitted in writing.
10. Specify in written form or verbally that RSVP of SI volunteers are participants in the Station’s programming in publicity featuring such volunteers. Display an RSVP of SI placard where it may be viewed by the public
11. Reports: The Station representative shall:
   - Timesheets: Sign volunteer timesheets on or before the 10th of the following month of service. Volunteers’ insurance coverage is only effective with verified records of hours served
   - Progress Reports: Stations are requested to complete a short semi-annual survey provided by RSVP of SI documenting the impacts of services provided by volunteers
   - In-Kind Documentation: Provide documentation of in-kind contributions, such as meals, uniforms, non-personnel training expenses, and verify this to help RSVP of SI meet its local match

Other Provisions

1. Separation from Volunteer Service: The Station may request the removal of an RSVP of SI volunteer at any time. An RSVP of SI volunteer may withdraw from service at the Station or from the RSVP of SI at any time. The RSVP of SI staff, the Station staff, and volunteers are encouraged to communicate to resolve concerns or conflicts, or take remedial action, including, but not limited to, placement with another station.
2. Letters of Agreement: When in-home assignments of volunteers are made, a letter of agreement will be signed by the parties involved. The document will authorize volunteer service in the home and identify specific volunteer activities, periods, and conditions of service. A blank copy of the letter of agreement will be accessible at the RSVP of SI office.
3. Religious/Voter/Political/Labor Activities: The Station will not request or assign RSVP of SI volunteers to conduct or engage in religious, sectarian, voter registration, transportation of voters to polls, efforts to influence legislation, or finance/influence labor or anti-labor activities. RSVP of SI and its volunteers do not give religious instruction, conduct worship services, or engage in proselytization as a part of their duties.
4. Displacement of Employees: The Station will not assign RSVP of SI volunteers to any assignment that would displace employed workers or impair existing contracts for services.
5. Compensation: The Station, RSVP of SI, and volunteers cannot request or receive compensation from the Station or any other beneficiaries/family of volunteer service.
6. Accessibility and Reasonable Accommodation: The Station will maintain the programs and activities to which RSVP of SI 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.
7. Prohibition of Discrimination: The Station will not discriminate against RSVP of SI volunteers or in the operation of RSVP of SI based on race; color; national origin; gender; sexual orientation; religion; age; disability; political affiliation; marital or parental status; or military service.

8. Termination of MOU: This MOU may be terminated at any time by either party by sending written notice of termination of the MOU to the other party. This MOU shall be reviewed at least every three (3) years by the Parties.

9. Signatures: By signing this MOU, the Station, through its authorized representative, self-certifies that it meets the requirements necessary to become a RSVP of SI volunteer Station.

10. If space is donated for use by volunteers, please list square footage: ________________. All donated space is costed at $12.00 per square foot unless indicated here: $______________.

11. If meals are provided by the Station to RSVP of SI volunteers, please complete this portion:

   ( ) Contributed meals are FEDERALLY FUNDED
   ( ) Under Title III of the Older Americans Act
   ( ) Other federal funding source
   ( ) Contributed meals are not provided by FEDERAL FUNDS.
   ( ) Meals will be provided to RSVP of SI volunteers free or reduced price of $____________ when ________ hours of service have been or will be volunteered during that day. Also a volunteer who delivers any meal(s) to homebound participants will be offered the same meal benefit. The value of the meal provided is $____________ each.

For All Stations
Station Supervisor

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Volunteer Station Primary Type: To qualify as a RSVP of SI Station, an agency/office/department must self-certify that it is one of the following:

( ) Public or Non-Profit School, ( ) Non-Profit Agency, or ( ) Proprietary Health Care Agency

Authorized Signatures

<table>
<thead>
<tr>
<th>Station Authorized Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSVP Project Director (or sponsor designated representative)</td>
<td>Date</td>
</tr>
<tr>
<td>EAAA Executive Director</td>
<td>Date</td>
</tr>
</tbody>
</table>

PLEASE RETURN THIS COMPLETED FORM TO:
RSVP of SI, 200 E Plaza Dr, Carterville, Illinois 62918, fax to 618-985-8315 or email to RSVP@egyptianaaa.org

Please include a volunteer assignment description for each volunteer opportunity at the Station.

Thank you!