

MEMORANDUM OF UNDERSTANDING

BETWEEN

COULEE REGION RETIRED & SENIOR VOLUNTEER PROGRAM

2920 East Avenue South, Suite #104

La Crosse WI 54601

Telephone 608.785.0500 / Fax 608.785.2573

E-Mail rsvplax@fflax.net

AND

VOLUNTEER STATION: _____

Address: _____

Telephone/FAX: _____

E-Mail Address: _____

Is your facility Handicapped Accessible? _____ **YES** _____ **NO**

It is agreed that the attached **BASIC PROVISIONS** will guide our working relationship and that:

- Volunteer Station representative who will be responsible for volunteer orientation, monthly hours reports and supervision: _____
- Monthly Volunteer Hours Reports and/or questions concerning them, please contact:

Amanda Tischer, Volunteer Coordinator.

The **Memorandum of Understanding (M.O.U.)** May be amended in **writing** at any time with concurrence of both parties. It will be reviewed yearly to permit needed changes.

Volunteer Station Information:	RSVP Staff Information:
Signature:	Coordinator:
Title:	Date:
Date:	Director
	Date
	Station ID#: _____ (For Office Use Only)

BASIC PROVISIONS OF MEMORANDUM OF UNDERSTANDING

A. THE RETIRED AND SENIOR VOLUNTEER PROGRAM WILL:

1. Recruit, interview and enroll RSVP volunteers and refer them to the appropriate volunteer station.
2. Provide orientation to volunteer station staff prior to placement of volunteers.
3. Review volunteer requests and work with station staff to develop measurable meaningful assignments.
4. Provide an appeals procedure to address problems which may arise between the volunteer, the volunteer station and/or RSVP.
5. Provide personal liability, supplemental accident and excess automobile liability insurance coverage to volunteers, while they are volunteering.
6. Volunteers are covered by a \$2,500 Life Insurance Policy (accidental death), while they are volunteering.
7. Review the supplemental insurance coverage with station staff.
8. Monitor and evaluate volunteer activities at the volunteer station.

B. THE VOLUNTEER STATION WILL:

1. Work cooperatively with RSVP staff to identify RSVP volunteer assignments having measurable impact on the critical needs addressed by the agency.
2. Assure that volunteers working with vulnerable adults and children will be screened prior to placement.
3. Make final decisions on acceptance of volunteers.
4. Provide orientations, in-service or special training for volunteers.
5. Furnish volunteers with any materials required for assignments.
6. Provide for adequate safety of volunteers.
7. Collect and validate appropriate volunteer monthly hour reports and submit to RSVP.
8. Investigate and report accidents or injuries involving RSVP volunteers immediately.
9. Provide supervision of volunteers.
10. Provide meals and transportation when appropriate.
11. Discuss assignments with individual RSVP volunteers and provide job descriptions for the volunteers, with a copy to RSVP.
12. Establish a check in and identification procedure to monitor volunteer activity at the volunteer station.
13. Fill out and complete a 6 month and yearly assessment of impact.
14. Not disclose any confidential information of the volunteers to other agencies, organizations, or persons without written consent of either the volunteer(s) in question or the Coulee Region RSVP program.

**Grantee: Friends of Coulee Region RSVP, Inc.
Coulee Region RSVP serves La Crosse & Monroe Counties
RSVP is a Federally-funded program under the auspices of the
Corporation for National & Community Services**

PROGRAMMING FOR IMPACT

(Please see next sheet)

Agency/Volunteer Site Name: _____

Volunteer Coordinator/Site Manager Name/Title: _____

Telephone Number: _____ Ext: _____ Fax: _____

1. What is the community problem or issue which the RSVP volunteer's Service will address?

2. How will the volunteer change the problem or issue? _____

3. How will you measure the change in the problem or issue? _____

4. How will you measure the service provided by the volunteer(s)? (# of clients served, etc.) _____

5. What are the qualifications you look for in a volunteer (education, experience, physical requirements)?

6. Does this location have obstacles for the physically challenged? If so, please describe. _____

7. Will agency supply: (Please check all that apply)

_____ Training	_____ Meals
_____ Transportation	_____ Uniforms
_____ Special Recognition	_____ Paid Parking
_____ Expense Reimbursement	

RSVP Use Only:

Date Received: _____ BHN Code: _____ Skill Code: _____

ID #: _____ Media/Publications/Dates: _____

PROGRAMMING FOR IMPACT

Community Problem or Issue to be Addressed

- Abuse Awareness- Domestic/Elder
- Frauds and Scams Education
- Personal/Home Safety
- Preventive Drug & Alcohol Education Programs
- Supportive Services which enhance children's learning
- Nutritional Programs
- Activities & Services for Homebound Residents
 - Sewing Projects
 - Knitting/Crocheting Projects
 - Friendly Visiting
 - Reading Program
- Transportation Programs
- Programs which fosters Intergenerational Relationships
- Supportive Services for Elderly, Handicapped, Impoverished
- Other (explain): _____

HANDICAP ACCESSIBILITY SELF-EVALUATION CERTIFICATION

Organization Name: _____

Address: _____

Phone Number (with area code): _____

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

_____ Completed on _____

_____ Partially completed and will be done on: _____

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

_____ The recipient's program, which viewed in its entirety, is accessible and no corrective actions 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 actions will be made by

_____.

I understand that if the organization has 15 or more employees, information on how the self evaluation was conducted is to be made available to for public inspection for three years after its completion. I also understand that this information will be available to federal officials upon request.

(Date)

(Signature)

Name/Title of Responsible Official

Each volunteer station and VISTA work site must submit this certification form to the project sponsoring organization. Each sponsoring organization must submit this form to the federal grant office as directed by the federal funding source.