***Name of Your Organization***

**VOLUNTEER HANDBOOK**

**Phone Number**

**Name of Your Organizationhenrycounty.org**

**Organization Address**

About *Name of Your Organization*

**Mission:**

*Name of Your Organization* supports our senior neighbors who live independently in their own homes or with loved ones. We connect community volunteers with seniors who require assistance to maintain their dignity and quality of life. We never charge for services.

**History**

*Name of Your Organization* became its own 501 (c) 3 organization upon the receipt of a Robert Wood Johnson Foundation grant of $25,000.00 in 1998. The *caregiving* program was founded on the ideal of community volunteerism of neighbors helping neighbors. We meet senior needs throughout (the community, county, replace with your **target area**.)

We are the grateful recipients of funding from xxx

Additional funding garnered via individual and houses of worship donations. Our annual fund raising event xxx

Dear Volunteer,

Seniors are the fabric of our community; thank you for choosing **XXX** as a place where you can meet their needs. You will find that the blessings you receive much outweigh the time you give.

Volunteer guidelines are outlined here; they will help you make the most out of your volunteer service.

You are an everyday hero; you are appreciated. We exist to make your volunteer experience one with many joys, call us with your successes, ideas, or needs.

Kind Regards,

**XXX**

Executive Director

# VOLUNTEER RIGHTS AND RESPONSIBILITIES

As a Volunteer, you have the right to expect the following from your Volunteer service:

To be treated with the same consideration and respect as a paid employee

To have your Volunteer role thoroughly explained

To know to whom you are responsible and who will answer your questions

To have meaningful tasks to perform

To not have a Volunteer position that will replace a paid employee

To have all these things done in a spirit of friendliness and cooperation so that **Name of Your Organization** will continue to be known as “a great place to volunteer!”

As a Volunteer, you have the responsibility to do the following:

Treat your placement with the same consideration and respect you would a paid job

To understand your roles thoroughly ask questions, if needed

To request an alternative placement if your current placement is no longer fulfilling

To be reliable and on time

To give adequate notice if you will be absent or leaving a placement

To let **Name of Your Organization** know of any problems or concerns

To honor the confidentiality guidelines

Volunteer Processes

**Background Checks**

All volunteers must submit a social security number for this process. References will also be checked.

**Driving Record**

Volunteer drivers must maintain a valid driver’s license and automobile insurance acceptable to our insurer.

**Equal Volunteering Opportunity**

**XXX** provides equal volunteering opportunity for everyone regardless of age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, political belief, or disability that does not prohibit performance of essential job functions. All matters relating to volunteering are based upon ability to perform the job, as well as dependability and reliability.

**Training**

In addition to initial training, subsequent educational sessions are sometimes available. These are designed to enhance your understanding of your role as a volunteer for older adults.

**Confidential Information**

We have an obligation to our care receivers to maintain their confidentiality and respect their privacy, and at the same time, every volunteer must use his or her best judgment. If you are aware of a care receiver issue that requires immediate help, please inform the office.

**Time Sheets**

Name of Your Organization financial stability is based on service hours provided by volunteers. Time Sheets provide this method for tacking hours and mileage. Hours reporting:

**A. Report your hours on our web site: Name of Your Organization web site**

**Copy and complete the sample form and mail to: Name of Your Organization, address**

**Hours and mileage may be e-mailed to:**

**Telephone your hours and mileage to:**

**Going to be out of town or need a break**

If you plan to be absent for a week or more please call the office to be placed on a temporary inactive list.

**Grievances and Harassment**

Policies on file.

**Gifts, Tips & Soliciting**

Do not accept any tips or gifts from care receivers, their families or friends. We do not want to create an atmosphere where our care receivers feel obligated to reward ***Name of Your Organization***staff for doing their job.

You may not promote or solicit your own business enterprise, political agenda or religious beliefs while volunteering. Solicitation for a private charity is also prohibited.

**Board Members**

There are a limited number of positions available on the advisory board or governing board. If you have an interest and you feel that you are qualified, please contact the executive director.

We have an obligation to our care receivers to maintain their confidentiality and respect their privacy. Here are some general guidelines:

1. Do not provide any hands on care, such as:

Lifting

Bathing

Medical procedures

Handling of medications

2. If a medical emergency occurs while you are serving a NAME OF YOUR ORGANIZATION care receiver:

CALL 911

Notify the NAME OF YOUR ORGANIZATION office as soon as possible 815-455-3120

If possible, notify the care receiver’s family or their emergency contact

3. If you are certain the care receiver is home but has not come to the door

If you are unable to enter the home call them on your cell phone or use a neighbor’s phone.

If you are able, enter the home and determine what kind of assistance is needed.

If care receiver has fallen – DO NOT attempt to help them up or move them, CALL 911.

Contact the NAME OF YOUR ORGANIZATION office 815- 455-3120

4. You should perform only assigned duties. If you are asked to do more and have the time, this is acceptable. Just remember to document your time.

5. If unable to complete the assignment because of time commitments, you should let the care receiver know when you will return and notify NAME OF YOUR ORGANIZATION office. If the care receiver needs additional assistance ask them to call the office.

6. NAME OF YOUR ORGANIZATION recommends that you not give your telephone numbers to the care receiver. This will reduce the risk of the care receiver becoming dependent on you for all assistance.

7. If your personal situation changes and you are unable to perform assignments, the NAME OF YOUR ORGANIZATION office should be notified as soon as possible and also call the care receiver.

8. The volunteer is expected to personally contact the care receiver one or two days prior to service and again the evening before or the morning of the assignment.

9. You should:

Be an active listener, sharing personal experiences and special interests if appropriate.

Never offer advice on legal, medical, financial, or personal issues.

Never loan money to the care receiver and never accept money for service provided. Donations to NAME OF YOUR ORGANIZATION are accepted. Provide an envelope for the care receiver to mail money into the office. You may accept cash provided you are willing to mail it or bring it to the office. You might want to provide a receipt for the care receiver.

10. Be alert to changing needs of the care receiver and inform NAME OF YOUR ORGANIZATION so a reassessment can be made.

11. Volunteers may not accept any gifts of value from a care receiver, nor be included in their wills, estates, etc.

12. If a care receiver wishes to donate money for your assistance they should be told to mail the money to the NAME OF YOUR ORGANIZATION office. If they insist that you accept the money, thank them and let them know that you will see that the money is mailed or delivered to the NAME OF YOUR ORGANIZATION office.

13. RESPECT CONFIDENCES. Care receivers are not subjects for dinner table conversations.

14. You are expected to be familiar with the guidelines for particular tasks to be performed.

**General Guidelines for Service**

When you accept an assignment, the office volunteer scheduler will provide you with necessary information including directions to the care receiver’s home, via e-mail if possible. Verify needs yourself: Is your care receiver blind, does he/she walk with a cane etc.? YOU should call the care receiver and confirm that the information is still valid and confirm the service date and time.

2. When arriving at a care receiver’s home, identify yourself as a volunteer from XXX who is

there to assist.

3. After arriving at the care receiver’s appointment, make arrangements with the care receiver

either to wait during the appointment or to return at a specific time. It is advisable that you

notify the receptionist of your intent regarding staying with the care receiver or leaving, and

leave your cell number, and a calling card. If you leave, you should meet the care receiver at

an agreed upon location and at the agreed upon time.

4. Be aware of the physical limitations of the care receiver in regard to climbing steps or walking

distances. Drop the care receiver as close to the appointment door as possible.

5. **Do not park in handicap parking** unless proper identification is displayed in the car. If pave-

ment is wet or icy, instruct care receiver to wait to allow you to assist to prevent falls. You

should offer your arm in the manner of escorting a person.

6. Seat belts must be worn at all times by the driver and passengers.

7. If weather is inclement and poses a safety hazard or you are uncomfortable with providing

transportation on an inclement weather day inform the office and the care receiver as soon

as possible so the appointment can be rescheduled.

8. You are to obey all traffic laws, regulations, and speed limits. You are expected to be a

safe and courteous driver.

9. If the care receiver has a vehicle that is designed specifically for a care receiver’s disability,

contact the office regarding the circumstances.

10. A copy of your CURRENT proof of insurance is required. Additionally the state minimums

for automobile liability insurance are not sufficient. We recommend at least $100,000.

**Transportation—Drivers must be XX years of age or older**

**Friendly Visits and Respite Care**

Pointers for developing a relationship:

1. Use common sense, tact and courteous consideration. The visit is not for you, ask yourself whose needs

are you meeting? Ideally, both will benefit, if not, the care receiver’s needs should come first.

2. Respect your care receiver’s living space. Call him/her by their last name unless invited to do otherwise.

Ask permission to turn off the TV if it is turned on; after visit offer to turn it back on.

3. Be accepting of moods, opinions, and interests; avoid controversy.

4. Let your care receiver lead the conversation, unless he or she is shy and needs drawing out. Talk about

news of the day to discover areas of interest. Personal history can be a good place to start a conversation.

The following topics may bring an eager response:

Inventions (TV, electricity) and the changes they have brought

Their first car

Courting

Clothing and hairstyles

Their family

5. Avoid showing pity, and do not be falsely cheerful. Listen to a care-receiver’s troubles in silent sympathy,

restraining the impulse to offer good advice or moral counsel, show that you care for and accept them.

6. Remember that your care receiver may be experiencing much that is negative. Your most helpful attitude

will be one of empathy, caring, and acceptance. Such statements as “Cheer up, things will get better“, are

not helpful.

7. Do not discourage talk about death. Allow your care receiver to express their thoughts and feelings on this

most important topic.

8. Help orient your care receiver if he/she loses track of time, date, person or place.

9. Do not avoid uncomfortable silences.

10. Enjoy your visit. Although visitation requires concentration and hard work, it can also be uplifting to you.

11. Set your boundaries and don’t feel guilty about not giving more than you have committed. Keeping your set

appointments made and your real presence when visiting will make the relationship satisfying and meaningful.

12. NAME OF YOUR ORGANIZATION volunteers are not to impose their religious beliefs. However, if care

receivers request prayers or referrals to congregations, then NAME OF YOUR ORGANIZATION volunteers

may respond with the appropriate assistance.

13. DO NOT:

Make a promise you may not be able to keep

Advise care receivers about business or legal matters

Give physical care

Give medicine or medical advice

**Shopping/Errands**

1. Encourage a specific day for shopping. Call your senior the day before your appointed

shopping date to confirm plans. Call again right before you leave home.

2.Do not give out your telephone number or say that you are on call as needed. Inform

seniors to call the NAME OF YOUR ORGANIZATION office for additional needs. If you agree to another

shopping day or a routine shopping day/week, please notify the office.

3. Take a shopping list, prepared by the senior, with you. Include brand names and sizes. Review this list while anticipating potential problems and ask questions.

4. What should be done if the preferred item is not in stock? Should you buy another brand and or omit that item from the list? Expect to make an occasional mistake and don’t let it concern you.

5. Find out if economy is important. If you notice a less expensive brand than the one specified, does your senior want you to buy it instead?

6. For your protection, it is wise to write and sign a receipt for cash, banking cards, checks, or food stamps received from your senior prior to shopping.

7. If your senior indicates that some help would be appreciated, and you have the time, assist with unpacking and sorting purchases.

8. Plan to spend a short time with your senior chatting after shopping, if possible.

9. **RESPECT CONFIDENCES**. Care-receivers are not subjects for dinner table conversations.

### Light Housekeeping - Guidelines

1. Call the care receiver the day before the appointed task to confirm the time and plans.

2. Do not give the care receiver your telephone number, or say that you are on call as needed. Inform them to call the NAME OF YOUR ORGANIZATION office for further appointments.

3. Keep the tasks to what was agreed on when the appointment was made. If additional tasks are needed, another appointment should be made.

4. Ask ahead of time if the care receiver has the equipment necessary for the task: cleaning supplies, yard implements, rake, ladder, brooms, etc. need to be brought to the home. If supplies need to be purchased, the senior should pay for the supplies ahead of time.

5. If you are unable to complete the assignment due to lack of tools and/or materials, let the care receiver know that additional items are needed and that you will call to reschedule the work. Notify NAME OF YOUR ORGANIZATION of the problem. 815-455-3120.

6. Do not attempt to perform a task which has not been approved by NAME OF YOUR ORGANIZATION, or one which requires special skills or equipment you are not experienced at or trained to handle.

7. Always remember to respect the care receiver and their property.What constitutes “light housekeeping”?

Vacuuming

Light dusting with duster, no moving of knick-knacks

Mopping

Windows—inside only as needed, not on a regular basis

We **do not** do walls, tubs, toilets, dishes

The homeowner supplies the cleaning products.

Minor Home Repairs:

Each request will be evaluated based upon available volunteers.

What about “yard-work”?

Spring/Fall yard raking

Pulling weeds (small gardens only)

Trim bushes around walk-ways

Gutters, 1 story homes ONLY

Yard Maintenance

Mowing, twice per month only

No dirt or gravel spreading

Snow removal, on a limited basis as a volunteer can be found

The homeowner supplies the needed implements to get the job done.

## Administrative – Office Assistance

**Position Summary:**

Staff the NAME OF YOUR ORGANIZATION call center

Respond to care receiver requests for services

Evaluate new care receiver request, notify intake coordinator for processing

Refer care receivers to other agencies when necessary

Understand and explain our services to others

Track and record care receiver/care giver matches

Attend to current volunteer needs, receive new volunteer requests

Quarterly staff luncheon/meeting

Other office duties as assigned such as copying, filing, telephone surveys, newsletter mailings, etc.

**Skills:**

Excellent customer service and telephone communication

Pleasant telephone voice

Ability to utilize NAME OF YOUR ORGANIZATION tracking procedures

Confidentiality a must

Desire to interact with and assist the senior population

**Working Conditions:**

Works in a typical office setting

Hours:

Three hours minimum, may work two or more shifts on same or alternate days as desired.

Office Hours:

**Spiritual Issues:**

*Why do we talk about spiritual issues?*

*Spirituality is one way people can make sense out of our world. Health care systems have adopted health definitions that include physical, emotional, social, and spiritual well-being. Care receivers may ask you about spiritual issues. You may not be able to answer every question, hopefully this section provides guidance when tough questions are asked. We access to chaplains and others who are willing to counsel care receivers should they have a desire for this service.*

*Can I witness (evangelize) to the care receivers I serve?*

***Name of Your Organization***desires to provide compassionate care, and concern for those in need.

*Volunteer’s providing care might be asked, “Why are you a volunteer?”*

*It is perfectly acceptable to share that you are acting out your faith. If they ask where you worship or what you believe, it is acceptable to share your answers with them.*

*Your faith is a great part of who you are. One of the wonderful things about volunteer caregiving is that people are given the opportunity to share who they are and learn who others are also. However, it is not acceptable to be pushy with what you believe. We don’t require care receivers to believe the same as we do. A healthy way to approach faith issues is to focus on the care receiver and what they believe.*

*May I invite care receivers to attend church with me?*

*Yes, but you should never make it a condition of your care or diminish the level of care they are receiving if they do not accept your invitation. Remember, a care receiver may feel pressured if they don’t respond positively that you will not continue to care for them. It is best to allow them to ask if they may go with you.*

*Standards of Conduct*

*By accepting to volunteer with us, you have a responsibility to Name of Your Organization and to your fellow volunteers to adhere to certain guidelines of conduct. Name of Your Organization tries to keep rules to a minimum. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary. When each person is aware that he or she can fully depend upon fellow volunteers to follow the rules of conduct, then our organization will be a better place to volunteer for everyone.*

*Unacceptable Activities*

Generally speaking, we expect each person to act in a mature and responsible way at all times. However, to avoid any possible confusion, some of the more obvious unacceptable activities are noted below. Your avoidance of these activities will be to your benefit as well as the benefit of Name of Your Organization. If you have any questions concerning any volunteer or safety rule, or any of the unacceptable activities listed, please see the volunteer coordinator for an explanation.

Willful violation of any agency rule; any deliberate action that is extreme in nature and is obviously detrimental to Name of Your Organization.

*Negligence or any careless action which endangers the life or safety of another person.*

*Possession or consumption of alcoholic beverages is prohibited at any* ***Name of Your Organization*** *event designed for the participation of minors.*

*Possession or use of all illegal drugs or other illegal substances is prohibited.*

*Excessive tardiness or absenteeism.*

*Unauthorized possession of dangerous or illegal firearms, weapons or explosives on agency property or while on duty.*

Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on agency premises or when representing **Name of Your Organization**; fighting, or horseplay or provoking a fight on agency property, or negligent damage of property.

Insubordination or refusing to obey instructions properly issued by the volunteer coordinator.

Threatening, intimidating or coercing fellow volunteers on or off the premises at any time, for any purpose.

Theft of agency property or the property of fellow volunteers; unauthorized possession or removal of any agency property, including documents, from the premises without prior permission from management; unauthorized use of agency equipment or property for personal reasons; using agency equipment for profit.

Dishonesty; willful falsification or misrepresentation on your application for volunteering or other volunteer records; alteration of agency records or other agency documents.

Breach of confidentiality of personnel information.

*Malicious gossip and/or spreading rumors; engaging in behavior designed to create discord and lack of harmony; interfering with another volunteer on the job; willfully restricting volunteer outp*ut or encouraging others to do the same.

Immoral conduct or indecency on agency property.

***Name of Your Organization*** *is an at-will agency and has the right to terminate a volunteer without cause, but will always consider the cause leading to the termination. In general, failure to adhere to policies of* ***Name of Your Organization*** *is cause for immediate release.*

***Name of Your Organization*** *has the right to ask a volunteer to leave the facility immediately.*

*Grounds for immediate dismissal may include, but are not limited to:*

*Gross misconduct or insubordination*

*Reporting for a volunteer assignment under the influence of alcohol or drugs*

*Theft of property or misuse of agency funds, equipment or materials*

*Falsifying statements on the application or during the interview process*

*Illegal, violent or unsafe acts*

*Abuse or mistreatment of care receivers or volunteers*

*Releasing confidential information*

*Unwillingness to support and further the mission of the organization*

*Ignoring the guidelines set-forth in the volunteer handbook*