



Retired & Senior Volunteer Program

Serving North Central Montana

PO Box 2486 Great Falls, MT 59403-2486

Office location: 1801 Benefis Court

Phone (406) 454-6994 Fax: (406) 454-6989

Website: www.ncmtrsvp.com

Email: volunteerpower@yahoo.com

Find volunteer opportunities at www.volunteermatch.org

Memorandum of Understanding between Retired Senior Volunteer Program (RSVP) and

_____ (Volunteer station name)

Address _____ City _____ Zip _____

County _____ Phone _____ After hours Phone _____

Fax _____ Email _____

Because the RSVP is governed by Federal Guidelines established by the Corporation of National Service, it is necessary that specific areas of concern be covered by both the non-profit organization and the RSVP. Those are as follows:

Are you a: Public non-profit _____ Private non-profit _____ Proprietary Healthcare facility _____

Does your site comply with ADA standards and make reasonable accommodation for persons with disabilities? _____ if not please explain _____

1. **Prohibition of Discrimination:** The Volunteer Station will not discriminate against RSVP volunteers or in the operation of its program on the basis of race; color; national origin, including limited English proficiency; sex; age; political affiliation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.
2. **Volunteer Placement** After a nonprofit agency has made a request for an RSVP volunteer, the RSVP will interview prospective individuals for the task and notify the station.
3. **Orientation of Volunteers** After a placement has been made, it will be the responsibility of the station to orient the volunteer to the facility and to provide on the job training for whatever is expected of the volunteer.
4. **Supervision of Volunteers** The representative of the volunteer station who will assume adequate supervision of the volunteer(s) will be: _____ (Name) _____ (Title) _____ (Email)
5. **Transportation** The Retired & Senior Volunteer Program will provide a ride for the volunteer between their home and the station via the Aging Services van or privately owned vehicle. A nominal fee will be requested of the station to cover the expense. If transportation becomes a problem, the volunteer station will be notified and arrangements will be worked out between the supervisor and RSVP.
6. **Meals** If a meal should occur during the volunteer's period of service, the volunteer can expect to have this meal covered by the volunteer station when it is possible or by the RSVP when other arrangements cannot be made.
7. **Insurance Coverage** Each volunteer over the age of 55 will be included under the CIMA blanket insurance plan upon being enrolled by RSVP. This is provided by RSVP.
8. **Separation from Volunteer Service** The volunteer station or the RSVP may request the removal of an individual at any time after discussion has taken place between the volunteer, the supervisor, and the RSVP staff.
9. **Accident Reports** The volunteer station will make an investigation and prepare a report as requested by the RSVP regarding mishaps involving the RSVP volunteer.
10. **Displacement of Employees** The volunteer station will not assign volunteers to any assignments that displace employed workers or impair existing contracts for services.
11. **Background Checks on Volunteers** The RSVP is not responsible to have background checks completed on volunteers that are placed at any station. If background checks are desired or required by the workstation it is the responsibility of the workstation to insure that the background checks are completed.
12. **Recognition** RSVP volunteers will be included in all volunteer recognition events sponsored by the workstation. The RSVP staff and/or the volunteers may be asked to help with events for the workstation. Please try to recognize the RSVP for partnering with the workstation when possible. Workstations are also encouraged to attend the annual RSVP recognition event and related activities.
13. **Timesheets** All volunteer's time must be submitted to RSVP as soon as possible. Please refer to timesheet record policy.

Assignments: _____

Special Requirements _____

Signature of RSVP Staff _____ Date _____

Signature of Workstation Supervisor _____ Date _____

Effective Dates _____ to _____

Effective Date should be three years

Revised 5/19/09