



RSVP

79 Court Street, Suite 7 • Middlebury, VT 05753
(802) 388-7044 • rsvpcadd@aol.com

MEMORANDUM OF UNDERSTANDING (MOU)

between Addison County RSVP and:

Volunteer Station _____
Address _____
Town _____ State _____ Zip Code _____
Phone _____ E-Mail Address _____

This is a statement of policies and regulations governing the placement and utilization of RSVP Volunteers with Volunteer Stations. It is the intention of this Memorandum of Understanding to promote cooperation, clarify responsibilities and define working relationships between RSVP and each Volunteer Station.

GENERAL POLICY: RSVP is a nationwide program for people 55 years and older who want to respond to clearly defined community needs through meaningful use of their skills and talents in volunteer service to non-profit organizations.

ASSIGNMENTS: Are developed by RSVP and Volunteer Station staff. When the Station has a need for volunteers, they should submit a **Request for Volunteers Form** which clearly reflects the community need being addressed, the service (duties and responsibilities) required of the volunteer, the anticipated accomplishments and the anticipated impact of the assignment.

ORIENTATION AND TRAINING: Will be provided to the Volunteers by the Volunteer Station.

SCREENING & SUPERVISION: Of Volunteers must be provided by the Volunteer Station along with provisions for adequate safety of Volunteers. Criminal background checks are NOT done by RSVP. It is the responsibility of the Volunteer Station to determine the need for such screening and to follow through with criminal background and/or reference checks if they deem it necessary.

RECORDING OF VOLUNTEER HOURS: Must be done on a regular basis for all Volunteers. Hours may be submitted by email, or sent to us via US Mail or fax, using the **Volunteer Hours Reporting Form**. Hours need not be submitted if the Volunteer did not serve during the month.

INSURANCE: Personal liability, accident and excess automobile liability insurance coverages are provided free of charge by RSVP to Volunteers while on assignment. Volunteer Station must investigate and report accidents and injuries involving Volunteers to RSVP.

CONSULTATION AND EVALUATION: Is ongoing between RSVP and the Volunteer Station. RSVP staff may visit the Station at any time and may request data and feedback as to the impact of the Volunteer serving at the station. RSVP will be responsive to requests and concerns of both the RSVP Volunteer and the Volunteer Station.

TRANSFER AND/OR TERMINATION: The Volunteer as well as the Volunteer Station can request a transfer or termination at any time if the volunteer assignment is not found satisfactory to either party. RSVP must be consulted.

Direct and/or Indirect Volunteer Support Benefits

The availability of direct and indirect support benefits are critical elements affecting the success or failure of a volunteer program, particularly one designed to serve older adults. It has been demonstrated that volunteers are more willing to participate in programs when arrangements are made to provide some assistance with meals, transportation, and public recognition.

If you provide any of the following support, please complete those sections that are applicable. If you do not, please skip this section and proceed to the Signature Section at the bottom of the page. If you have any questions concerning this section, please call our office at 388-7044.

Direct Support:

<u>Transportation:</u>	• Provided or Reimbursed by Station? Please describe: _____	Yes ____ No ____ Amount: \$ _____
<u>Meals:</u>	• Provided or Reimbursed by Station? Please describe: _____	Yes ____ No ____ Amount: \$ _____
<u>Recognition:</u>	• Station will publicize work of RSVP Volunteers? • Station will conduct Volunteer recognition? • Station will contribute to RSVP's Annual Recognition Event? Please describe: _____	Yes ____ No ____ Yes ____ No ____ Yes ____ No ____ Amount: \$ _____

Indirect Support:

In-Kind Donations: Of goods and/or services can be considered donations in support of RSVP's programs.

- Donation (please describe): _____ Amount: \$ _____
- Donation (please describe): _____ Amount: \$ _____

Signature Section

By signing this MOU, the Volunteer Station Representative certifies that the Volunteer Station is a public or non-profit organization/agency or a proprietary health care agency and that our 501C-3 proof of non-profit status is available upon request. The Volunteer Station verifies that it has a policy of non-discrimination regarding race, creed, color, national origin, sex, age, handicap or political affiliation. RSVP Volunteers will not replace or displace paid employees, impair existing contracts for service, or participate in sectarian or political activities.

Signed _____ Date _____
Volunteer Station Representative

Printed Name _____ Date _____
Volunteer Station Representative

Signed _____ Date _____
RSVP Representative