



Commonwealth of Massachusetts
COUNTY OF NORFOLK
Office of the County Commissioners
RSVP VOLUNTEER PROGRAM

614 High Street, P.O. Box 310, Dedham, MA 02027-0310
Tel: 781-329-5728 Email: rsvp@norfolkcounty.org Fax: 781-326-6480

Commissioners
Francis W. O'Brien, Dedham, Chairman
John M. Gillis, Quincy
Peter H. Collins, Milton

Clerk: Walter F. Timilty, Milton
County Director: Daniel P. Matthews



RSVP Director
Lillian Hartman

RSVP PARTNERSHIP AGREEMENT

Dear Site Partner,

It is a pleasure to welcome you to the Norfolk County RSVP Volunteer Program! Partnering with RSVP allows us to place new volunteers with your program and to support active volunteers with supplemental liability insurance, mileage reimbursement, and recognition for their service. We hope that you will find this partnership beneficial for your program and volunteers.

To establish our partnership, please complete the Partnership Agreement signature page, a CORI assignment or waiver form, a safety and accessibility assessment, and a volunteer job description. Once RSVP members are placed with your program or current volunteers join RSVP, they will each submit monthly timesheets to RSVP *with their supervisor's signature*. Timesheets verify dates of service for insurance purposes, document mileage for reimbursement, and demonstrate to our federal grant funders how many volunteers are active each month.

If you have any questions at all, please don't hesitate to contact me at (781) 329-5728. We want you to be happy with your volunteer experience with Norfolk County RSVP – so please keep us informed!

Sincerely,

Lillian Hartman, Director of Norfolk County RSVP
Phone: 781-234-3447
lhartman@norfolkcounty.org



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NORFOLK COUNTY RSVP RESPONSIBILITIES

1. Recruit, interview, and enroll RSVP volunteers and refer volunteers to the partner site.
2. Provide orientation to partner staff prior to placement of volunteers.
3. Review acceptability of partner sites yearly and work with partner staff to develop assignments with high impact and opportunities for volunteers.
4. Furnish supplemental accident insurance coverage to volunteers as required by program policy.
5. In cooperation with the RSVP Advisory Committee, arrange for an appeals procedure to address problems arising between the volunteer, the partner site and/or RSVP.
6. Provide limited transportation reimbursement for travel expenses to volunteers.
7. Arrange with partner site for meals, when possible, for volunteer assignments.
8. Monitor volunteer activities at partner sites through an annual written evaluation in which partners are encouraged to assess current volunteer activities and future needs.
9. Unless waived by the partner site, assure that all RSVP volunteers will be screened for criminal record (CORI check) prior to placement.



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PARTNER SITE (VOLUNTEER STATION) RESPONSIBILITIES

1. Work cooperatively with RSVP staff to identify RSVP assignments that have a measurable impact on the critical needs addressed by the agency. Will discuss assignments with individual volunteers referred by RSVP and also provide written assignments to volunteers with instructions.
2. Make final decision on acceptance of volunteers.
3. Implement a volunteer orientation, in-service instruction or special training of volunteers.
4. Furnish volunteers with any materials required for assignments.
5. Provide for adequate safety of volunteers.
6. Collect and validate assessment of volunteer impact information with appropriate volunteer reports provided by and for submission to RSVP.
7. Investigate and report any accidents or injuries involving RSVP volunteers on assignment to RSVP.
8. Provide supervision of volunteers on assignment.
9. Supply financial vouchers to RSVP to verify non-federal support when lunches, transportation or special recognition has been provided to volunteers.
10. Promote RSVP information in annual report, newsletters and to the public at large.
11. Sign and submit monthly time sheets to validate volunteer service hours to RSVP. A sample time sheet, which can be copied as needed, is attached.



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OTHER PROVISIONS

1. **Separation from Volunteer Service:** The partner site may request the removal of an RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the partner site or from RSVP at any time. Discussion of individual separations will occur among RSVP staff, partner staff, and the volunteer to clarify the reasons, resolve conflicts, or take remedial action, including placement with another partner site.
2. **Religious Activities:** The partner site will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
3. **Displacement of Employees:** The partner site will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.
4. **Accessibility and Reasonable Accommodation:** The partner site will maintain the programs and activities to which RSVP 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.
5. **Prohibition of Discrimination:** The partner site 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; sexual orientation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.



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RSVP / Partner Site Memorandum of Understanding

Partner Site: _____

Address: _____

City/Town: State: _____

Telephone: _____ Fax: _____ E-Mail: _____

Period Covered: April 1, 2014 to March 31, 2017

This Memorandum of Understanding (MOU) includes RSVP Responsibilities, Partner Site Responsibilities, and Other Provisions, which will guide the working relationship between the parties.

The RSVP Director will serve as the liaison with the Partner Site.

The Partner Site Representative who will serve as liaison with RSVP, and will be responsible for volunteer orientation and supervision is:

Please Print: Name, Title, and (if different from above) Contact Information

The Partner Site Representative certifies that the partner site is a public or non-profit private organization, or a proprietary health care agency.

This MOU may be amended, in writing, at any time by agreement of both parties.

Signature (Partner Site)

Date

Signature (RSVP Director)

Date



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RSVP Partnership Agreement Addendum (if applicable)

General Letter of Agreement for In-Home Assignments

Partner Site: _____

(1) According to 45 CFR 2553.62(c), RSVP partner volunteer stations managing assignments in private homes must develop a Letter of Agreement describing and authorizing volunteer activities in each home.

(2) Letters of Agreement contain a statement authorizing volunteer assignment in a person's home and designating the activities to be performed. The Agreement also defines arrangements for days and hours of service and the specific plan for volunteer supervision. The person (or person legally responsible for the person) to be served signs the agreement.

(3) The Letter of Agreement provides a common understanding of what the volunteer will and will not do while on an in-home assignment. Such an agreement is not required for casual or friendly visiting that is not part of a regular, ongoing program of activities organized by a volunteer station. The delivery of meals to a home would normally not require a Letter of Agreement.

This addendum and general letter certifies that the partner site below has obtained Letters of Agreement or equivalent written agreements with their individual clients describing and authorizing in-home volunteer assignments. By signing below, the partner site and RSVP director agree to place RSVP volunteers in accordance with these existing client agreements.

Signature (Partner Site)

Date

Signature (RSVP Director)

Date



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ASSIGNMENT OF CORI

Partner Site: _____

I hereby charge Norfolk County RSVP with the responsibility of conducting Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this assignment of responsibility:
(Please check all that apply)

- Volunteers, at our volunteer sites, directly serve/contact vulnerable populations.
- This agency does not have the ability to perform Criminal Offender Record Information (CORI) checks on volunteer.
- Other (Reason) _____

Signature (Partner Site)

Date



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CORI WAIVER

Partner Site: _____

I hereby relinquish Norfolk County RSVP of the responsibility to conduct Criminal Offender Record Information (CORI) checks of potential and/or current volunteers referred to us by Norfolk County RSVP.

The following is (are) our reasons for signing this waiver (check all that apply):

- Volunteers, at our volunteer sites, do not directly **serve/contact** vulnerable populations.
- This agency performs Criminal Offender Record Information (CORI) checks on all volunteers regardless of **whether or not** Norfolk County RSVP performs a CORI check.
- Other (Please State reason): _____

Signature (Partner Site)

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SAFETY & ACCESSIBILITY ANNUAL RSVP PARTNER SITE SELF-EVALUATION

In order for all of our volunteers to be placed in a safe environment and for those members with disabilities to be placed at community service sites that ensure their capabilities are maximized, we are required by our federal grant to obtain the following information annually. With this knowledge, we can better place our volunteers.

Please fill out to the best of your knowledge and call if you have any questions. Please use a second page if necessary.

Agency Name: _____

Contact Person: _____

Site Address: _____ e-mail: _____

1. Are there adequate accommodations for people with visual, hearing, mental and cognitive issues? Yes_____ No_____
2. Any barriers to entering this site? Yes_____ No_____
3. Is there a wheel chair accessible bathroom? Yes_____ No_____
4. Are all floors accessible to someone with limited mobility? Yes _____ No_____
5. Are all services performed within this building? Yes_____ No_____
6. If there are identified barriers to access, what reasonable adaptations can you make for volunteers? N/A _____ Yes _____ No_____
7. Does this facility ensure the physical and emotional safety of all volunteers? Yes _____ No _____

Signature (Partner Site)

Date



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VOLUNTEER JOB DESCRIPTION

PARTNER SITE: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

AGENCY FUNCTION: _____

JOB TITLE: _____

PURPOSE OF JOB: _____

RESPONSIBILITIES: _____

SPECIFIC SKILLS NEEDED: _____
