



# NORFOLK COUNTY RSVP VOLUNTEER PROGRAM

Your Invitation to Respond to Your Community  
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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\_\_\_\_\_ Explain  
\_\_\_\_\_
7. Does this facility ensure the physical and emotional safety of all volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_
8. What languages could you use to communicate with volunteers, in addition to English?  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Partner Site)

\_\_\_\_\_  
Date