

## MEMORANDUM OF UNDERSTANDING (MOU)

Agency Name: Athens-Limestone County RSVP	Agency Address:
City, State, Zip: Athens, Alabama 35612	Contact Name:
Contact Title: Betty M. Ruth	Contact Email:
Contact Phone: 256-232-7207	Contact Fax:

### BASIC PROVISIONS OF MEMORANDUM OF UNDERSTANDING

#### A. RSVP of Limestone County will:

1. Recruit, interview, and enroll RSVP volunteers and refer volunteers to the volunteer station.
2. Instruct RSVP volunteers in proper use of monthly reports, reimbursement guidance and program procedures.
3. Provide RSVP orientation to volunteer station staff prior to placement of volunteers, and at other times, as the need arises.
4. Furnish accident, personal liability, and excess automobile insurance coverage as required by program policies. Insurance is secondary coverage and is not primary insurance.
5. Periodically monitor volunteer activities at volunteer station to assess and/or discuss needs of volunteers and volunteer station.
6. Reimburse RSVP volunteers for transportation cost between their home and volunteer station in accordance with RSVP policies and as allowed by the budget. (if applicable)

#### B. The Volunteer Station will:

1. Implement orientation, in-service instruction or special training of volunteers.
2. Interview and make final decision on assignment of volunteers.
3. Furnish volunteers with materials required for assignment.
4. Provide a job description to the volunteer describing the responsibilities and duties of the assignment.
5. Provide supervision of volunteers on assignments.
6. Provide for adequate safety of RSVP volunteers.
7. Investigate and report any accidents and injuries involving RSVP volunteers immediately to the RSVP office. All reports will be submitted in writing.
8. Validate appropriate volunteer timesheets and reports for submission to RSVP office. Volunteers or volunteer stations representatives must submit forms to RSVP monthly.

**RSVP of Limestone County Post Office Box 852**  
**Athens, Alabama 35612** Phone: 256.232.7207 Fax: 256.232.8842

9. If meals are provided to volunteers, please complete the following:

(     ) Contributed meals are FEDERALLY FUNDED under:

\_\_\_\_\_ Title III of the Older Americans Act OR \_\_\_\_\_ Other (federal) funding source

(     ) Contributed meals ARE NOT PROVIDED BY FEDERAL FUNDS. Meals will be provided to RSVP volunteers at a free or reduced price when \_\_\_\_\_ hours of service have been completed during that day.

(     ) Not applicable.

NOTE: *The value of a free or reduced meal which is not provided by federal funds will be recorded by RSVP volunteers on their monthly Volunteer Time Sheet and verified by the Volunteer Station Supervisor. This process documents important in-kind support for RSVP.*

**C. Other provisions:**

1.     *Separation from Volunteer Service:* The volunteer station may request the removal of a RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the Volunteer Station or from RSVP at any time. Discussion of individual separations will occur among RSVP staff, Volunteer Station staff and the Volunteer to clarify the reasons, resolve conflicts, or take remedial action, including placement with another Volunteer Station.
2.     *Grievance Policy:* Station will follow the grievance policy of the RSVP program as outlined in the Handbook.
3.     *In-Home Assignments:* When in-home assignments for volunteers are made, a letter of agreement will be signed by the parties involved. The document will authorize volunteer service in the home and identify specific volunteer activities, periods, and conditions of service.
4.     *Inappropriate Activities:* The Volunteer Station will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
5.     *Displacement of Employees:* The Volunteer Station will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.
6.     *Accessibility and Reasonable Accommodation:* The Volunteer Station will ensure that the facilities, programs and activities to which RSVP volunteers are assigned are accessible to persons with disabilities and/or provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.
7.     *Prohibition of Discrimination:* The Volunteer Station will not discriminate against RSVP volunteers or on the basis of race, color, national origin, sex, age, political affiliation, religion, sexual orientation, marital status, genetic information, parental status, language accommodation according to Title VI, military service or on the basis of disability if the volunteer is a qualified individual with a disability.

8. *Publicity:* The Volunteer Station will specify, either by written information or verbally, that RSVP volunteers are participants in the Volunteer Station's program in all publicity featuring such volunteers, whether it be radio, TV, print or verbal presentation.
9. *Programming for Impact (PFI):* The Volunteer Station will supply statistical data on volunteer impact on community needs to the RSVP Director as requested.
10. *Background checks:* The RSVP office will not conduct background checks when referring RSVP members to volunteer stations. Background checks will be done by the agency per their rules.
11. *Terms & Conditions:* This Memorandum of Understanding contains all the terms and conditions agreed upon by the contracting parties. NO other understanding, oral or otherwise, shall be deemed to exist or to bind any of the parties hereto.
12. *Effective Date:* This Memorandum of Understanding will be in effect upon dated signature of the RSVP Director.

D. AGENCY INFORMATION: Please complete

Total number of RSVP volunteer job assignments projected to be available with the Volunteer Station on an annual basis is. If volunteers will be serving at different address than the Volunteer station, please list the address here:

\*By checking a category, I verify my agency is one of the following and can provide proof of its status:  
 Non-profit – 501(c)3     Proprietary health care facility     Public agency

AMENDMENTS: This Memorandum of Understanding may be amended at any time in writing, by either party, and must be renegotiated at least every three years. All amendments shall be affixed to, and form a part of, this agreement.

We hereby agree to above conditions and terms:

Signature of Agency/Volunteer Station Supervisor/Title	Printed name	Date
Signature of RSVP Director <i>Betty M. Ruth</i>	Printed name Betty M. Ruth	

ACCESSIBILITY CHECKLIST FOR VOLUNTEER STATIONS

RSVP of Limestone County strives to include all members in volunteer work despite disabilities. Please answer the following questions to help us accommodate volunteer requests appropriately. This document is for informational purposes and will not affect your eligibility status with RSVP.

Organization Name:

[Empty rectangular box for organization name]

1. Do policies, practices, or standards directly or indirectly exclude or limit the participation of individuals with disabilities in your organization's programs or activities? \_\_\_YES \_\_\_NO

2. If yes to #1, program/requirements do limit or exclude the following individuals from volunteering:

Hearing impaired      Sight impaired      Mental disability      Physical disability

3. Does your organization have policies that ensure a "reasonable accommodation" is made to individuals, including volunteers with disabilities? \_\_\_YES \_\_\_NO

4. Does your organization notify all persons such as staff and volunteers of your policy not to discriminate against individuals with disabilities? \_\_\_YES \_\_\_NO

6. Does your agency have the ability to communicate with hearing impaired individuals? \_\_\_YES\_\_\_NO

7. Does your agency have publications and signage available for visually impaired individuals? \_\_\_YES\_\_\_NO

8. Is your agency's building equipped to accommodate disabled individuals? Please check all that apply.

- \_\_\_ At least one accessible route that connects the entire facility including the parking lot
\_\_\_ A disabled parking space designated
\_\_\_ A drop-off zone near the building entrance
\_\_\_ A handicapped accessible entrance
\_\_\_ A handicapped accessible bathroom
\_\_\_ If multi-level, an elevator is available
\_\_\_ Handrails on stairways
\_\_\_ Meeting spaces/conference areas accessible for individuals with disabilities

Signature of person completing evaluation

Title

Date

RSVP Director

Date

**SAFETY CHECKLIST FOR VOLUNTEER STATIONS**

*RSVP of Limestone County ensures that all volunteer stations assess the safety of their volunteers annually. Please answer the following questions to the best of your ability and return this form to the RSVP office.*

Organization/Station Name:

All volunteers are oriented and trained on the agency's safety policy.	YES	NO
Volunteers are given the necessary materials and knowledge to perform tasks safely.	YES	NO
Proper signs, emergency exits and safety protocols are visibly displayed for volunteers.	YES	NO
All volunteers report and/or document any accidents to a staff member.	YES	NO
All volunteers receive a background check prior to volunteering.	YES	NO
Staff provides volunteers with new safety information as needed.	YES	NO
Volunteers wear the appropriate clothing and safety equipment necessitated by activity.	YES	NO
First aid kits are available and locations identified.	YES	NO
Fire extinguishers are located on site and inspected regularly.	YES	NO
Work sites are free of hazards.	YES	NO

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Signature of person completing evaluation Title Date

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RSVP Director Date