

Welcome to Elder Aid

A GREAT place to volunteer!

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Welcome!

Dear Volunteer,

We appreciate your interest in Elder Aid program. Elder Aid includes several programs to assist our elderly in the Brazos Valley. We are a non-profit organization that has been serving the Brazos Valley since 1990.

Elder Aid supports a volunteer program that allows community members the opportunity to take part in making a difference in an elderly persons life. Volunteer opportunities are virtually limitless and the program is designed to be fun and individualized to each volunteer.

The process to become a volunteer is as follows:

* Complete and return the Elder Aid Volunteer Application
* Schedule a short interview with the Volunteer Manager to determine availability and best use of your service.
* Elder Aid reserves the right to conduct a background check and to reject any prospective volunteer as a result of that check. If you have any questions or concerns, please do not hesitate to contact the Volunteer Manager at 979-823-5127 or any staff member of Elder Aid.

Thank you for your support of our services!

**Mission Statement is:**

 Elder-Aid’s Mission Statement is: To ensure that the elderly in the Brazos Valley remain independent and in the community for as long as possible.

 Elder-Aid’s Goal is to minimize stresses the elderly encounter as they cope with loss, disease, loneliness, disability, housing and inadequate income.

 Elder Aid will accomplish it’s’ mission and goal through the following programs: CEAP- comprehensive electric program, minor repair program, and possible electrical or medication assistance. Elder Aid endeavors to assist with transportation, minor home repairs, phone buddies, casework assistance, yard work, and light housekeeping through our volunteers.

Contact Numbers

If you are unable to work your shift, then please call your direct supervisor. Below are contact numbers for all staff.

Main Office 979-823-5127

Director 979-676-4340

Administrative Assistant 936-662-9493

Volunteer Caseworker 979-823-5127

**Volunteer Application**

PLEASE PRINT ALL INFORMATION

**PERSONAL INFORMATION**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Office Phone Cell Phone \_\_\_

Email Address \_\_\_\_

Date of Birth DL#

**EMPLOYMENT INFORMATION**

Current/Last Employer Phone Number

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Title, \_ Have you previously

Have you Volunteered or applied for employment with Elder Aid? Yes No

**EDUCATION**

Highest Level of education achieved Area of Study\_\_\_

School Attended for highest level of education \_

**Is this volunteer work a class requirement?**

Date to be completed by? Professor Name

Yes No If so, how many hours?

What university?

Professor Phone

**PREVIOUS VOLUNTEER EXPERIENCE**

A. Organization \_

Name of Supervisor

Phone number \_

Length of time with organization

Type of work performed \_

B. Organization \_

Name of Supervisor

Phone number Length of time with organization \_

Type of work performed

**ADDITIONAL INFORMATION**

How did you learn about Elder Aid volunteer program?

 Why did you choose Elder Aid for your volunteer experience?

Do you speak a language other than English?

Which language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Read? \_\_\_\_\_ Write? \_\_\_\_\_\_\_\_

Please List any other skills, hobbies, or interests you have that may be helpful in your volunteer work.

Are you a current or former client of Elder Aid? **Yes** No

Desired Volunteer Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you able to volunteer? (Please indicate days and times.)

0 Monday \_\_\_\_

0 Tuesday \_\_\_\_\_\_\_\_

0 Wednesday

0 Thursday \_\_\_

0 Friday \_\_\_\_\_

0 Saturday \_\_\_

0 Sunday \_\_\_\_

**REFERENCES**

Please list three references, which are not related to you, but have known you for at least one year. Please provide a complete address and phone number for each individual listed.

I. Name. Phone Number Mailing Address

2. Name. Phone Number Mailing Address

3. Name. Phone Number Mailing Address

**ELDER AID'S Consent for Background Check and Confidentiality Agreement**

Volunteers understand that Elder Aid’s reserves the right to conduct a criminal background check, and that by signing this application permission is given to complete this part of the volunteer screening process. Volunteers must provide (3) contacts with mailing addresses for references before working with clients in any direct service program. Elder Aid will contact these references.

Volunteers understand that while at Elder Aid; they may come in contact with infectious and contagious diseases, such as Hepatitis B, Salmonella, Ringworm, Tuberculosis, AIDS, and others. Elder Aid may not be aware of diseases the residents may have and may not be able to divulge this information due to confidentiality. Elder Aid is not responsible for determining whether a resident has a disease.

Volunteers understand that it is their personal choice and responsibility to take safety and health precautions and Elder Aid is in no way responsible for advising volunteers of the appropriate precautions totake. Volunteers are aware that health officials recommend wearing disposable gloves while cleaning spills of body fluid, etc. and wearing a mouthpiece for mouth-to-mouth resuscitation. By signing below, volunteers resolve not **to** hold Elder Aid liable for health problems while at Elder Aid, even if they are caused in whole or part as a result of negligence of a staff member or resident.

By signing below, volunteers release the owner/operator of any vehicle in which they may be riding from any and all responsibility and liability for any damage, injury, or illness, which might occur during the transportation. This includes but is not limited to, those caused in whole or in part by the negligence of the owner/operator of the vehicle to the extent not covered by insurance.

Elder Aid adheres to a strict confidentiality policy. Confidentiality is defined as the assurance that access to information regarding a client shall be strictly controlled, and that any violation of such control will be a breach of faith. Volunteers should consider all information regarding Elder Aid as privileged information and agree to keep this information within the confines of the Elder Aid organization. The identity of any client using our services and any information regarding that client’s case will be kept strictly confidential with the following exceptions:

Cases in which we are bound by law to report information include: child abuse, elder abuse, and handicapped abuse; homicide; suicide; or homicide/suicidal threats.

There is an Authorization to Release Information form signed by the client and on file.

Any breach of faith or violation on the part of the volunteer will result in immediate termination of volunteer service.

As a Volunteer or Potential Volunteer, I understand the stipulations listed above and agree to them.

Volunteer Signature Date

**Program**

**Policies and Procedure Manual**

**Volunteer Statement of Philosophy**

Elder Aid Service was established in 1990. The purpose of a volunteer is to provide the best possible service to the staff and to the clients and to uphold the high standards of ethics of Elder Aid. The Volunteer Program is an important and vital component in upholding services to Elder Aid. As services change or are added, the Volunteer Program is subject to change or modification.

**Screening and Selection of Volunteers**

All prospective volunteers will be required to complete a volunteer application. The Volunteer Coordinator will be available to answer any and all questions. The Volunteer Coordinator will determine the appropriateness of the volunteer concentrating on the following areas: commitment, cooperation, sensitivity, open-mindedness, emotional stability, initiative, caring attitude, objectivity, expectations, and self-awareness. The Volunteer Coordinator will provide the volunteer with information about Elder Aid, all volunteer opportunities, and general information about the population served at Elder Aid. If at any time the Volunteer Coordinator determines that it is not in the organizations best interest for an individual to volunteer then she/he will discontinue the volunteer's services.

**Volunteer Placement**

A volunteer may choose what she/he would like to do while at Elder Aid. The volunteer coordinator will inform new volunteers of available job openings. However, the Volunteer Coordinator reserves the right to change job duties or terminate the volunteer’s services at any time. The Volunteer Coordinator will explain why the change in job duty or the termination took place. If a volunteer is displeased with the new job duty or disagrees with the termination, she/he may address the concerns to the Volunteer Coordinator in writing. The Volunteer Coordinator may then decide on a new job duty or to review the reasons for termination. However, in terms of termination, the Volunteer Coordinator will consult with the Executive Director of Elder Aid before termination.

**Volunteer Commitment**

Individuals who are selected to volunteer must:

* Provide the Volunteer Coordinator with all requested information so that a personnel folder may be maintained.
* Abide by Elder Aid Confidentiality Policy concerning client information.
* Notify the Volunteer Coordinator in advance if you are unable to attend your scheduled volunteer time.
* Sign the Volunteer Calendar and enter the amount of hours worked, which will be rounded to the nearest half-hour, under the specific day.
* Be cooperative and respectful when dealing with clients, staff, and other volunteers.
* Properly utilize all agency forms when appropriate.
* Notify the Volunteer Coordinator or another staff member immediately if you are

 witness to any physical or verbal.

Computer use is for work-related uses only. Any volunteer caught using Elder Aid computer for anything other than organization business will be subject to disciplinary action.

Volunteers will agree to not be interviewed or make comments to the media for any reason. All media inquiries should be sent to the Volunteer Manager for direction.

 **Dress Code**

 Dress should be business causal or appropriately tailored for the position the volunteers are attending. No shorts, flip-flops, tank tops, low cut blouses, clothing

 items that are too tight, and no “saggy pants.”

**Volunteer Personnel Files**

All individual Elder Aid Service volunteers will have personnel files, which will contain the following:

Application

Waiver

Consent to Background check and confidentiality

Volunteer Evaluations

 Student Evaluation, if applicable

**Termination**

Making the decision to terminate a volunteer's services will be the responsibility of the Volunteer Coordinator. She/he will consult with the Executive Director, who has the ultimate decision. Inappropriate behavior harmful to the agency, internal or external, failure to perform adequately, or-failure to meet job expectations will be grounds for disciplinary action up to and including termination. The Volunteer Coordinator will handle disciplinary actions and any notice to terminate. Documentation of disciplinary actions including termination will be placed in a termination file.

Grounds for disciplinary action/termination may include, but are not limited to the following:

* Breach of confidentiality including the shelter location and client information.
* Personal involvement with the client outside of the helping relationship requested.
* Use of alcohol and/or other drugs during the volunteer's shift or immediately preceding the shift.
* Failure to fulfill the responsibilities of the job.
* Substantial damage to the organization’s goals.
* a client, staff member, or other volunteer results in injury from a neglectful act
* Loss of equipment, facilities, or other property incurred.
* There exist a clear non-compliance with the agency's policies.
* Theft from the agency.
* Sexual, emotional, or financial exploitation of agency clients.
* Accepting gifts, including monetary, from any client or donor.

**Disciplinary Action**

Disciplinary action for failure to perform and/or inappropriate behavior not resulting in termination shall result in documentation consisting of outlining expectations for needed improvement and providing necessary orientation or other assistance to the volunteer to aid in improved performance. Also, a written specification of a time frame during which improvement or correction is expected as well as the anticipated course of action in the event improvement does not occur will be included in the personnel file. The Volunteer Coordinator will discuss the course of action with the volunteer.

**Grievance Policy**

Elder Aid has a strict “whistle blower” policy. This means, that any volunteer can report and/or make a complaint against another volunteer, staff, and/or Executive Director at any time without fear of retribution. All grievances should be presented in writing to the Volunteer Manager who will then make the situation known to his/her Executive Director. Response to grievances will be in writing within 5 days unless it is a problem of health or safety, which will be addressed immediately.

**Confidentiality Policy**

Elder Aid adheres to a strict confidentiality policy. Confidentiality is defined as the assurance that access to information regarding a client shall be strictly controlled, and that any violation of such control will be a breach of faith. As a volunteer, you should consider all information regarding Elder Aid clients’ privileged, and you should agree to keep this information within the confines of the shelter. The identity of any client using our services and any information regarding that client's case will be kept strictly confidential with the following exceptions:

* Cases in which we are bound by law to report information concerning child abuse, elder abuse, homicide, homicidal or suicidal threats. In this case, a staff member is to be notified immediately.
* Unless there is an Authorization to Release Information form signed by the client on file (a staff member will be able to check as volunteers will not have access to this information).

Elder Aid shall be the custodian of any information received from a client and is responsible for its proper use and protection. Identifying information concerning any client or case shall not be revealed to any outside person or be obtained via a consent form. Exceptions may be made at the discretion of the Executive Director of Elder Aid, but only for the purpose of preserving the safety or well being of the client, the agency, and its personnel.

Each volunteer shall sign an agreement of confidentiality (both client-related and office location), which will be placed in the volunteer's file. Breach of confidentiality may be considered grounds for dismissal, which will be handled by the Volunteer Coordinator and the Program Director.

**Ethics**

Elder Aid volunteers do not set value standards for clients. Support and information is presented to allow clients to make their own decisions. Each client will be positively supported in her/his decision.

Services will be provided with respect to the dignity of all persons and no individual shall be denied services because of age, race, religion, national origin, handicap, or sexual preference.

Elder Aid staff, rather than volunteers, shall be responsible for all correspondence representing or pertaining to agency and/or its clients.

Personal telephone numbers of staff and volunteers are NOT to be given to clients. Problems concerning Elder Aid Service staff, medical personnel, law enforcement personnel, and any other agency or individual shall be reported to the Volunteer Coordinator who will then consult with the Executive Director concerning action or delegation.

Elder Aid is required by law to reveal within 24 hours to the proper authorities any act of child, elderly, and/or handicap abuse. Those authorities contacted may include the Texas Department of Human Services, Child/Adult Protective Services, and/or the police. Prior to reporting, the volunteer MUST seek staff assistance.

**Elder Aid Volunteer Service Agreement**

* I agree to arrive at least 10 minutes early for activities such as lite housekeeping or minor house repairs that are scheduled.
* I agree to notify the Volunteer Coordinator in advance if I cannot attend an activity for which I have been scheduled.
* I will avoid contact with any service provider when volunteering at Elder Aid. If there are problems I will contact the Volunteer Coordinator so that she/he may pursue the matter.
* To the best of my ability I will keep up to date on the policies and procedures that

 Apply to my services at Elder Aid. I know I may ask the Volunteer Coordinator at any time to view the material.

* I will refrain from questioning Elder Aid policies and/or actions of the Elder Aid staff in front of any clients. I understand that I am always free to ask questions or make suggestions; however, I agree to only do so when clients are not within the immediate area.
* I will make proper utilization of all forms used for documentation and those applying to general information.
* If I decide to discontinue my volunteer participation or if l am unable to fulfill the

 responsibilities outlined in this agreement I will notify the Volunteer Coordinator.

I understand the Elder Aid Confidentiality/Service Agreement and the expectations to that policy as described above. I also understand that any breach of faith or rule violation on my part will result in immediate termination of my volunteer service.

Client Rights:

It is the policy of Elder Aid that all clients have the following rights:

* To have their interests and independence recognized as our primary responsibility.
* To have their civil and legal rights respected and protected.
* To have their privacy and confidentiality respected, except for when the information disclosed is subject to mandatory reporting as required by laws and regulations.
* To be responded to compassionately without opinion or judgment and to have their statement of events accepted as told.
* To have services provided without attributing blame no matter what their conduct was at the time of the victimization or at another stage in their life.
* To be provided with personalized treatment including referrals that are in their best interest or to refuse any service offered in this program.
* Not to be exploited or abused in any way by staff, volunteers, or board members of this organization.

**Emergency Procedures**

In the event of an emergency such as the following:

* Serious injury or medical emergency to a client or child
* Fire
* Natural disasters
* Abuser in the neighborhood and/or at Elder Aid Service
* Intruder on property
* Bomb Threat

Call 911 first and then tell the staff member on duty. If the Volunteer Coordinator is not present, contact her/him after 911 have been called, and she/he will then contact the Executive Director.

In the event of an emergency such as the following:

* Client who is suicidal
* Adult client is drunk, on drugs, and/or disruptive or abusive to other clients, staff, volunteers, and/or children
* Weapons/drugs on Elder Aid Service property
* Problems with the shelter such as flooding, electrical failure, gas line break, etc.
* Threatening phone calls
* Vandalism of Elder Aid
* Theft from Elder Aid

Notify a staff member immediately. She/he will then follow our procedures including notifying the Program Director and the proper authorities if needed.

APPENDIX A

**Elder Aid VOLUNTEER EVALUATION FORM**

**PART A: COMPLETED BY SUPERVISOR**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_Total # of cases handled or hours contributed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating scale: 1 = needs improvement 4 = very good

 2 = fair 5 = superior

 3 = good N/A = not applicable

**1. PROFESSIONALISM**

\_\_\_\_\_ Understands purposes and goals of Elder Aid

\_\_\_\_\_ Understands and complies with confidentiality in client relationship

\_\_\_\_\_ Relates well with public

\_\_\_\_\_ Exhibits poise‑in handling difficult situations

\_\_\_\_\_ Exhibits sincere interest and enthusiasm towards clients and work

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.** **RESPONSIBILITY**

\_\_\_\_\_ Reliable about schedule and time commitment

\_\_\_\_\_ Completes assignments in a timely fashion

\_\_\_\_\_ Pays attention to detail when necessary

\_\_\_\_\_ Willing to take on assignments

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. EFFECTIVENESS**

\_\_\_\_\_ Welcome opportunities to learn information or procedures that will make work more effective

\_\_\_\_\_ Follows through on assignments

\_\_\_\_\_ Willing to ask questions when in doubt

\_\_\_\_\_ Uncovers and communicates all pertinent facts

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Benefits to staff from working with this volunteer are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Benefits to program from this volunteer's skills, experience and knowledge are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX B**

**Elder Aid VOLUNTEER EVALUATION FORM**

**PART B: COMPLETED BY VOLUNTEER**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating scale: 1 = needs improvement 4 = very good

 2 = fair 5 = superior

 3 = good N/A = not applicable

**1. ORIENTATION**

\_\_\_\_\_ The goals and purposes of Elder Aid were clearly explained.

\_\_\_\_\_ The job description for your position was reviewed and procedures to be followed were explained.

\_\_\_\_\_ Orientation was effective and provided the tools needed to perform the assigned tasks.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. SUPERVISION**

\_\_\_\_\_ Supervisor was available to you when you had questions or needed information.

\_\_\_\_\_ Supervisor's attitude was one of professional regard.

\_\_\_\_\_ Lines of supervision were clear.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

What other training or growth opportunities would you like to see offered?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What additional "tools" would make your work more effective and/or pleasant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are some suggestions or goals you would offer for Elder Aid?

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How could Elder Aid improve its volunteer ‑ staff structure and/or relationships?

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Additional Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX C

**Volunteer Position Available**

|  |  |
| --- | --- |
| **Purpose:** | Elder Aid is dedicated to providing high quality referrals, resources and Elder Aid residents of the Brazos Valley who are in need. Everyone deserves professional, courteous, and equal access to benefits, and housing services. Be the first person our clients’ see when they walk in our doors for the help they so desperately need.  |
|  |  |
| **Job Title:** | Volunteer Clerical Support Position |
|  |  |
| **Location:** | 307 S. Main St. Suite 202, Bryan, Texas 77803 |
|  |  |
| **Qualifications:**  | Elder Aid is seeking a highly motivated, energetic mature adult (only those over 18 years of age may apply) for our Clerical Support position. Ideal candidate will possess a positive and professional attitude. Candidates must have good telephone and people skills. Volunteers must be respectful and patient with all cultures, races, ethnicities, socio-economic, religious beliefs, and sexual orientations. Skills needed include: Telephone skills, general office equipment including but not limited to fax, printer, scanner, and laminator. Basic Mac computer skills, such as, Microsoft office, Outlook, and Internet. Preferred skills include: bi-lingual (Spanish/English), experience working with people.  |
|  | Dress is business causal. |
| **Reports to:** | Director, Sandra Hoelscher. |
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| **Length of Appointment:** | This is a temporary position. Hours are flexible but all work occurs between 8am – 5pm Monday-Friday.  |
|  |  |
| **Time Commitment:** |  Volunteers for Elder Aid would need to commit to working a block of at least 2 hours at a time between the hours of 8am-5pm Monday-Friday. Hours are flexible to accommodate school or work schedules. Travel may be required of this position.  |
| **Job Title:** **Location:** **Qualifications**:  | Phone Buddy Elder-Aid office, 303 S. Main, Ste. 202, Bryan, Texas 77803Elder-Aid is looking for self-motivated, highly energized individual to make phone calls to the elderly in Bryan/College Station. Ability to be courteous, polite, and respectful. Volunteer will have the ability to talk with the elderly about any numerous topics and just “chat” with our clients. Also have the ability to ask questions about health/safety/welfare of clients following a form. Phone calls will be in-office only.  |
|  |  |
| **Job Title:****Location:****Qualifications:** | Transportation Volunteer PositionAddress of the location will vary depending on the area in which the client needs to be taken. The volunteer coordinator or the volunteer caseworker will supply the address for the client’s location and time of appointment. All transportation appointments are limited to the Bryan/College Station. Elder Aid is seeking a highly motivated, energetic mature adult (only those over 18 years of age may apply) for assisting as transportation volunteer. Volunteers must have a valid drivers license and insurance. Volunteers must call and identify themselves a day to two days by phone to prepare the client and yourself for clarifications. Be promote and courteous of the appointment time as not to cause the client to be late for the scheduled event. Volunteer has to be will to take the client to the appointment, wait while client is conducting the appointment and return them to their home.There are to be no outside errands beyond the scheduled appointment. Notify the office for and update of the transport after it is completed.   |
| **Job Title:****Location:****Qualifications:** | Light Housekeeping Volunteer PositionAddress of the location will vary depending on the area in which the client needs to be taken. The volunteer coordinator or the volunteer caseworker will supply the address for the client’s location and time of appointment. All transportation appointments are limited to the Bryan/College Station. Address of the location will vary depending on the area in which the client resides, within the Brazos Valley. All light housekeeping is limited to the Bryan/College Station area.Elder Aid is seeking a highly motivated, energetic mature adult (only those over 18 years of age may apply) for our Light Housekeeping position. Ideal candidate will possess a positive and professional attitude. Volunteers must call and identify themselves a day to two days, by phone to prepare the client and yourself for clarifications. Volunteers must be able to lift 35lbs, stand for periods of time, bend and turn with ease. Also be knowledgeable of how to work vacuums, dishwashers, washers and dryers.Notify the office of any issues and/or changes during the visit. A calendar will be supplied to record your hours that have been completed, which needs to be returned to the office (via email) on a monthly basis. |
| **Job Title:****Location:****Qualifications** **Job Title:****Location:****Qualifications:** | Minor Home Repairs VolunteerAddress of the location will vary depending on the area in which the client resides, within the Brazos Valley. All Minor home repair projects are limited to the Bryan/College Station area.Elder Aid is seeking a highly motivated, energetic mature adult position for a Minor home repair Volunteer. Ideal candidate will possess a positive and Elder Aid is seeking a highly motivated, energetic mature adult (only those over 18 years of age may apply) for our Light Housekeeping position. Ideal candidate will possess a positive and professional attitude. Volunteers must call and identify themselves a day to two days, by phone to prepare the client and yourself for clarifications. Volunteers must be able to lift 35lbs, stand for periods of time, bend and turn with ease.attitude. Volunteers must call and identify themselves a day to two days, by phone to prepare the client and yourself for clarifications. Volunteers must be able to lift 50 lbs, stand for periods of time, bend and turn with ease. A volunteer must be able to take direction from staff or superioving individuals in charge at location. Volunteers need to have working knowledge of power tools, like drills, sanders, and saws. Know what basic hand tools are and their uses. Follow all guidelines set by the supervisor for any safety proceedures.Dress in clothes that can get dirty and are able to get stained, however; they are still apporitate for the position. If unsure contact the volunteer coordinator or supervisor of the project you are going to work on.Yard Worker Volunteer Address of the location will vary depending on the area in which the client resides, within the Brazos Valley. All yard projects are limited to the Bryan/College Station area.Elder Aid is seeking a highly motivated, energetic mature adult position for a Minor home repair Volunteer. Ideal candidate will possess a positive and Elder Aid is seeking a highly motivated, energetic mature adult for Yard Worker position. Ideal candidate will possess a positive and professional attitude. Volunteers must call and identify themselves a day to two days, by phone to prepare the client and yourself for clarifications. Volunteers must be able to lift 35lbs, stand for periods of time, bend and turn with ease.attitude. Volunteers must call and identify themselves a day to two days, by phone to prepare the client and yourself for clarifications. Volunteers must be able to lift 50 lbs, stand for periods of time, bend and turn with ease. Volunteers need to have general working knowledge of mowers, edgers, weedeaters and yard hand tools. Follow all guidelines set by the supervisor for any safety proceedures. Dress in clothes that can get dirty and are able to get stained, however; they are still apporitate for the position. If unsure contact the volunteer coordinator or supervisor of the project you are going to work on. |
| **All above positions Time Commitment** |  Volunteers for Elder Aid would need to commit to working a block of at least 3 hours at a time between the hours of 8am-5pm Monday-Friday. Travel is required of this position. Time frame depends on location of the appointment and the length of the clients visit, typically between one hour to three hours. |

For information on this position or for any questions you may have about Elder Aid, please contact:

Sandra Hoelscher, @ (979) 832-5127; email at: shoelsher@elderaidbcs.org;

cell number: (979) 676-4340 (also available for text messages.)

 Or

Suzanne Powers, @(979)832-5127; email at: spowers@elderaidbcs.org

Cell number: (936)662-9493 (also available for text messages.)

APPENDIX D

 **Incident Report Form**

**NAME OF INVOLVED:**

**PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE & TIME OF INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAS ILLNESS OR INJURY INVOLVED** (if yes, describe below)?

**DESCRIPTION OF INCIDENT** (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Immediately following the incident, notify the Volunteer Manager by telephone. Incident Report Forms MUST be completed and submitted within 48 hours of the incident. Use additional pages if needed

**PRINT NAME OF PERSON SUBMITTING REPORT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PERSON SUBMITTING REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**