

MEMORANDUM OF UNDERSTANDING BETWEEN

Southern Iowa RSVP

AND

Volunteer Station:				
Address:				
City:		State:		Zip:
Telephone:	Fax:		Email:	

This Memorandum of Understanding (MOU) effective on the date provided below (the "Effective Date") sets forth the policies and regulations governing the placement and utilization of RSVP volunteers with the Volunteer Station. It is the intention of this MOU to promote cooperation, clarify responsibilities and define working relationships between RSVP and the Volunteer Station. This MOU may be amended, in writing, at any time with concurrence of both parties. Unless earlier terminated as provided for in item 5), below, this MOU is for a three (3) year term and shall expire on the date provided below (the "Expiration Date").

BASIC PROVISIONS OF MEMORANDUM OF UNDERSTANDING

1) Southern Iowa RSVP's Responsibilities:

- a) Recruit, interview and enroll RSVP volunteers and refer volunteers to the volunteer station.
- b) Promote the volunteer needs of the station.
- c) Periodically monitor volunteer activities at volunteer station to assess and/or discuss needs of volunteers and volunteer station.
- d) Instruct RSVP volunteers in proper use of monthly reports and program procedures.
- e) Provide RSVP orientation to volunteer station staff prior to placement of volunteers, and at other times, as the need arises.
- f) Provide station with RSVP timesheets, volunteer request forms and other documents as needed.
- g) Furnish accident, personal liability and excess automobile insurance coverage as required by program policies. Insurance is secondary coverage and is not primary coverage.

2) Volunteer Station Responsibilities:

Request volunteers in accordance with the following federal guidelines:

- a) Volunteers cannot displace employed workers.
- b) Volunteers cannot be used to conduct or engage in religious, sectarian or political activity.
- c) The Volunteer Station 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; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.
- d) The volunteer station will comply with ADA regulations.
- e) An RSVP volunteer shall not receive a fee for service from service recipients, their legal guardian and/or members of their family or friends. No person, organization, or agency shall request any compensation for services of RSVP volunteers.
- f) Complete an RSVP Volunteer Request Form and Job Description Form when requesting volunteers.
- g) When requested, provide data needed for RSVP to measure the outcomes and impact of RSVP volunteer activities.
- h) Provide orientation, in-service instruction, or special training of volunteers, as needed.
- i) Provide supervision of volunteers on assignments.
- i) The station supervisor will sign each volunteer time sheet to validate volunteered hours.
- k) Provide for adequate safety of volunteers on assignment. Any RSVP volunteer injury or accident must be reported immediately to the RSVP office. All investigations and reports will be submitted in writing. Provide an Assurance of Safety report annually if requested by the RSVP office.
- l) Criminal background checks and reference 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 a criminal background and/or reference check if they deem it necessary.
- m) The Volunteer Station will recognize RSVP volunteers through publicity, annual reports, recognition events and written acknowledgements.
- n) Volunteer Station agrees to indemnify and hold harmless Southern Iowa RSVP and their sponsor Graceland University of and from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorney's fees and costs, arising out of or relating to the work of RSVP volunteers, except for acts of gross negligence by RSVP.

3)	Meals (If you do not regularly provide meals to volunteers while volunteering please check Not Applicable.)
	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 a
	a free of reduced rate when scheduled for a hour shift.
	Not Applicable
4)	In-Home Services Agreement (If no services are provided in the client[s]'s home check Not Applicable.) RSVP Volunteers will provide In-Home Services for clients Not Applicable

5) General Information and Policy

- a) The parties to this MOU understand that the services of all RSVP volunteers are provided for on a voluntary basis. The Volunteer Station may terminate the service of an RSVP volunteer at any time. A volunteer may withdraw from the Volunteer Station at any time. In the event that Volunteer Station terminates the services of an RSVP volunteer or otherwise decide that an RSVP volunteer is not a good placement, Volunteer Station will notify RSVP and provide RSVP with a basis for its decision so that RSVP may consider the Volunteer Station's decision in replacement of the volunteer.
- b) RSVP and the Volunteer Station may terminate this MOU at any time on thirty (30) days written notice to the other party.
- c) When volunteers are participating in home-based assignments, a letter of agreement will be provided by RSVP and signed by parties involved. This document will authorize volunteer service in the home, identify volunteer activities and the conditions of service.

) Station Contact:					
Name:	Titl	le:			
Phone:	Em	nail:			
have read the information and understated olunteer is voluntary. By signing this, I greement with all the guidelines, policies olunteers referred to our agency from I dolunteer Station.	I agree to uphold this Mees and procedures outline	emorandum of Understandir ed in this MOU. I also unde	ng and am in erstand that the		
The person signing this MOU hereby ce on-profit agency, or proprietary healthous equired, by the appropriate state or local	care agency or organizati		0 1.1		
	Tod	Today's date (Effective Date):			
	Expiration Date:				
rinted Name and Signature of Agency/	Organizational Director	••			
Name	Phone	Email	Date		
rinted Name and Signature of Voluntee	er Supervisor (Station St	aff or Southern Iowa RSVP	Site Coordinator):		
Name	Phone	Email	Date		
Jame	Phone	Email	Date		

Please return to: Southern Iowa RSVP

Graceland University 1 University Place Lamoni, IA 50140 llong@graceland.edu Phone (641) 784-5046

or