



HandsOn Central California RSVP
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MEMORANDUM OF UNDERSTANDING (MOU) between HandsOn Central California RSVP and

Agency: Lafayette, Mosqueda, Pinedale, Senior Citizen's Village, Mary Ella Brown, and Ted C wills Senior Centers

Agency Type: Senior Centers

Address: 745 N. First St Fresno CA 93702
Street City ZIP Code

Telephone # 559-621-6619 **FAX #** _____ **Website:** N/A

RSVP's partnering agencies must be a public or non-profit private organization, or a proprietary health care agency.

The original Memorandum of Understanding was signed on 7/23/2001. This agreement covers the period from July of 2017 to July of 2020.

RSVP Responsibilities

- RSVP will recruit, interview and refer RSVP members to agency, which will make final placement decision. Agencies may also recruit RSVP members from their current staff of volunteers.
- RSVP will orient administrators and volunteer supervisors of RSVP policies, procedures and benefits whenever necessary.
- RSVP will instruct RSVP members in proper use of time sheets, reimbursement guidance, and program procedures.
- RSVP will reimburse RSVP members for transportation cost for errands run for volunteer site, in accordance with RSVP policies and availability of funds.
- RSVP will develop publicity for RSVP such as radio, TV, print or verbal presentations highlighting volunteers' service, accomplishments, and impact on the community.
- RSVP will provide technical assistance in Volunteer Management.

Agency Responsibilities

- Implement orientation, in-service instruction, or special training of volunteers.
- Interview and make final decision on assignment of volunteers. Agency assumes responsibility for screening volunteers for appropriateness. RSVP does not assume liability for volunteers referred to an agency.
- Agency will provide volunteers with a written job description, which includes performance expectations.
- Agency will comply with Title VI of the Civil Rights Act of 1964, prohibiting discrimination. The Agency will not discriminate against RSVP members 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.
- Furnish volunteers with appropriate and sufficient materials and equipment required for their volunteer assignment.
- Provide supervision of volunteers on their volunteer assignments.
- Provide for adequate safety of volunteers. Agency will be responsible for providing safety information and accommodations within code of federal safety regulations
- Investigate and report in writing, any accidents and injuries involving RSVP members immediately to the RSVP office.
- Agency is responsible for conducting background checks of volunteers as necessary for assignment to specific jobs. Agency is also responsible for maintaining Driver's License and Insurance records for those volunteers who drive as part of their volunteer service.
- Agency will provide an annual In-Kind form documenting any in kind goods or services used to support RSVP volunteers and program

Insurance

HandsOn RSVP will provide personal accident, public liability and supplemental automobile insurance as required by RSVP policy. This is secondary coverage and is not primary insurance. However, in the absence of primary liability coverage, the liability insurance becomes primary. This is provided at no cost to the agency or to the volunteer. Agency will investigate any accident involving RSVP members and provide a written report to RSVP within 5 days of occurrence.

Transportation for RSVP members

Please check all that apply:

- a. Agency () will () will not provide transportation for RSVP members who volunteer at their agency.
b. Agency () will () will not pay transportation costs for RSVP members who volunteer at their agency.

Handicap Accessibility

Agency will maintain the programs and activities, to which RSVP members 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 accommodations to allow persons with disabilities to participate in programs and activities.

Terminations/Resignations

The RSVP member, Agency Representative or RSVP Project Director may terminate volunteer assignments at any time. Discussion of termination/resignation may be requested by any party to clarify the reason, or to resolve any conflict that may have resulted in the termination/resignation. RSVP may contact any RSVP member to survey volunteer satisfaction with the agency or volunteer supervisor.

Volunteer Reports

- Each volunteer is responsible for reporting his or her service hours to RSVP.
- Agency representative must validate the RSVP Time Sheet with a signature for those RSVP members requesting travel reimbursement from HandsOn RSVP.
- Agency will work with RSVP staff to establish a specific collection system of volunteer service hours when appropriate.

Other Provisions

- The Agency will not request or assign RSVP members to conduct or engage in religious, sectarian or political activities.
- The Agency will not assign RSVP members to any assignment, which would displace employed workers or impair existing contracts for services.
- Conditions of this Memorandum of Understanding may be terminated in writing at any time at the request of either party.
- This Memorandum of Understanding contains the basic provisions that will guide the working relationship between both parties.
- This Memorandum of Understanding must be renewed every three years.
- 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.
- This Memorandum of Understanding will be in effect upon dated signature of the Agency's Representative and the RSVP Project Director.

Programming for Impact Statement

- Selected agencies will provide RSVP with information for the development of a Programming for Impact Statement and the data necessary to measure the impact that volunteers make on the agency and the services they provide.
- Selection criteria is based upon community needs being addressed by the agency and the ability to measure the impact that RSVP members make in addressing the needs of the community.

The Agency representative who will serve as the agency's liaison to RSVP and who will be responsible for volunteer orientation and supervision is:

Name: _____ Title: _____

Phone: _____ E-Mail Address: _____

By signing this Memorandum of Understanding, the agency representative affirms that the agency is a public or non-profit private organization, or a proprietary health care agency.

Agency Representative _____

Signature of Agency Director

Title

Date

RSVP Representative _____

Signature of RSVP Representative

Project Director

Title

Date

Office Use Only: Date Received _____ Certificate of Insurance Letter _____

Date received