

Please complete and return by (date): \_\_\_\_\_

# RSVP

This is an agreement about placement and utilization of RSVP volunteers with Volunteer Stations, and is intended to promote cooperation, clarify responsibilities and define working relationships between RSVP and the Volunteer Station. This Memorandum may be amended, in writing, at any time with concurrence of both parties and is updated every three years. ***Thank you for your cooperation in completing this MOU.***

For the Dates: \_\_\_/\_\_\_/\_\_\_ -- \_\_\_/\_\_\_/\_\_\_

## MEMORANDUM OF UNDERSTANDING BETWEEN

RETIRED AND SENIOR VOLUNTEER PROGRAM in the CAPITAL REGION  
CENTER FOR EXCELLENCE IN AGING SERVICES ♦ UNIVERSITY AT ALBANY ♦ HUSTED 205  
135 WESTERN AVE. ♦ ALBANY, NY 12222  
Tel (518) 442-5585 Fax (518) 442-5326 Email [ddoolitt@albany.edu](mailto:ddoolitt@albany.edu)

AND

Volunteer Station: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Agency:  Public not-for-profit org.  Private not-for-profit org.  Proprietary Healthcare Facility  Other \_\_\_\_\_

**GENERAL POLICY:** RSVP is a nationwide program for people 55 years and older who want to respond to clearly defined community needs through meaningful use of their skills and talents in volunteer service to non-profit organizations.

**ASSIGNMENTS:** Are developed by RSVP and Volunteer Station staff. The Station provides to RSVP a written description of the assignment (the Request for Volunteers form) which should clearly reflect the community need being addressed, the service (duties and responsibilities) required by the volunteer, the anticipated accomplishments, and the anticipated impact of the assignment. The volunteer should be comfortable and confident in the assignment.

**ORIENTATION AND TRAINING:** Will be provided to the Volunteers by the Volunteer Station and/or RSVP as appropriate.

**SCREENING & SUPERVISION OF VOLUNTEERS:** RSVP conducts initial interviews with prospective volunteers to match them to appropriate available volunteer opportunities. 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.

**RECORDING OF VOLUNTEER HOURS:** Is conducted by the station and submitted to RSVP on a monthly basis. A Volunteer Hours Reporting Form (provided by RSVP) should be submitted to RSVP

by the 15<sup>th</sup> of each month by fax or mail reflecting the previous month's hours. The volunteer supervisor should sign the Form.

**RECOGNITION:** RSVP provides invitations to events, certificates, pins and other tokens to recognize RSVP volunteers who have served at least 25 hours annually.

**INSURANCE:** Supplemental personal liability, accident, and excess automobile liability insurance coverages are provided free of charge by RSVP to Volunteers while on assignment, and as funding permits. The Volunteer Station must investigate and report accidents and injuries involving Volunteers to RSVP.

**MILEAGE:** Reimbursements for transport of car, bus, and taxi to the volunteer site are available to Volunteers as funding permits. Restrictions apply and are outlined in the appended Mileage Reimbursement information. Mileage reimbursement requests accompany Hours Reporting forms, and must be signed by the Station Supervisor.

**NEWSLETTER AND WEBSITE:** RSVP provides regular newsletters to RSVP volunteers and Volunteer Stations. Information about RSVP is also available by visiting their website at [www. timesunion.com/communities/RSVP](http://www.timesunion.com/communities/RSVP).

**IMPACT:** Setting performance targets, and measuring the impact of volunteer service in meeting identified priority community needs is a key function of RSVP. Volunteer Stations serving these priority community needs areas are considered RSVP Impact Stations, and RSVP works vigorously to place volunteers with them. Impact Stations are requested to complete annual questionnaires. ***If BOX above is checked, we will be contacting you to gather information about the important contribution your services are making in the community.***

**CONSULTATION AND EVALUATION:** RSVP and the Volunteer Station work together at all times to achieve the best possible experience for the Volunteer. RSVP staff or representatives may from time to time visit the Station during normal business hours and may request data and feedback as to the service of the volunteer at the station. RSVP will be responsive to requests and concerns of both the RSVP Volunteer and the Volunteer Station.

**TRANSFER AND/OR TERMINATION:** The Volunteer as well as the Volunteer Station can request a transfer or termination at any time if the volunteer assignment is not found satisfactory to either party. RSVP should be informed and/or consulted.

**DIRECT AND INDIRECT SUPPORT OF VOLUNTEERS:** Are important elements of any volunteer program. It has been demonstrated that senior volunteers are more willing to participate in programs when services/facilities are provided which assist volunteers with transportation, and recognition.

**Please list the ways you provide Support to RSVP volunteers each year.**

**Please also estimate total costs per volunteer, for example: Recognition = \$10 per volunteer**

**DIRECT SUPPORT**

▪ Transportation – Reimbursed by Station (please describe): \_\_\_\_\_  
Estimated amount per Volunteer: \$ \_\_\_\_\_

▪ Recognition – (special gatherings, events, awards, publicity, etc.) Please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
Estimated amount per Volunteer: \$ \_\_\_\_\_

- Station contributes to RSVP Annual Recognition Event. Yes\_\_\_ No\_\_\_  
Estimate amount contributed: \$10\_ \$20\_ \$30\_ \$40\_ \$50\_ \$75\_ Other\_

**INDIRECT SUPPORT**

*In-Kind donations of goods & services (such as uniforms, equipment, training) that support your Volunteer program.*

Goods (please describe): \_\_\_\_\_

Estimated amount per volunteer: \$ \_\_\_\_\_

Services (please describe): \_\_\_\_\_

Estimated amount per volunteer: \$ \_\_\_\_\_

**SIGNATURE**

The Volunteer Station verifies that it is non-profit and has a policy of non-discrimination regarding race, creed, color, national origin, sex, age, handicap or political affiliation. The Station agrees that RSVP Volunteers will not replace or displace paid employees, impair existing contracts for service, or participate in sectarian or political activities. The Station assures that neither volunteers nor beneficiaries served by the agency will be discriminated against on the basis of handicap regarding employment or volunteer service practices, building or site access for programs, or programs and activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

RSVP Representative

Signed \_\_\_\_\_ Date \_\_\_\_\_

Designated Supervisor of Volunteers

*Please return in the enclosed envelope by \_\_\_\_\_ to  
RSVP, University at Albany, Husted 205, 135 Western Ave., Albany, NY 12222*

***Thank you! Please contact us with any questions:***

*Telephone 518-442-5585*

*Our fax number is 518-442-5326.*

*E-mail:*

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