



OUR MISSION

We eliminate poverty by empowering Families and engaging communities.

OUR CORE VALUES

Raise the Bar
Be Brave
Do the Right Thing
Care for Each Other
Help People

VOLUNTEER OPPORTUNITIES

VOLUNTEER HANDBOOK

715 11th Street N, Suite 402
Moorhead, MN 56560

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www.caplp.org

EOE/AEE

OUR VISION

We are a strong responsive organization that provides hope and life- changing opportunities for people to help themselves and each other.

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MESSAGE FROM OUR EXECUTIVE DIRECTOR

Lori Schwartz, MS, CCAP, NCRT

Volunteers are a tremendous resource for most nonprofits. CAPLP would not be able to conduct high quality programming, provide best practice services to our consumers and raise funds that are crucial in helping us work toward our mission:

We Eliminate Poverty by Empowering Families and Engaging Communities

CAPLP is governed by an 18-member tripartite Board of Directors who serve as volunteers. We are continuously looking for volunteers to partner with us in the war against poverty.

This volunteer handbook is your reference guide and will provide an outline of the CAPLP's volunteer policies and procedures.

On behalf of our Board of Directors and our whole organization we want to share our deepest gratitude in the work that you do to make a difference for those less fortunate.

Lori Schwartz, MS, CCAP, NCRT
Executive Director

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**CAPLP
EEO/AE**

VOLUNTEER PROCESS

We are excited that you are joining our team and want to make the most of your valuable services. Therefore, a staff representative will go through an orientation with you by reviewing:

- a. Your Volunteer Handbook
- b. Obtaining your signature on Attachments 1-6 (Volunteer Application Form, Volunteer Agreement & Acknowledgement, Volunteer Job Description, Volunteer Emergency Information Form, Volunteer Waiver, Release and Indemnity Agreement and Standards of Conduct)
- c. Your Volunteer Job Description and tasks
- d. Volunteer Inquiry and Management System
- e. General Policies and Procedures
- f. Keeping record of your volunteer service and hours
- g. Agency contact information

VOLUNTEER APPLICATION

If you have not already done so, you will be asked to complete the **Volunteer Application** form by the assigned Division.

VOLUNTEER FORMS

Within this Handbook, our staff representative will specifically discuss the following documents:

Volunteer Application	Attachment 1
Agreement & Acknowledgement by Volunteer	Attachment 2
Job Description (sample in this manual)	Attachment 3
Emergency Contact Form	Attachment 4
Waiver, Release and Indemnity Agreement	Attachment 5
Standards of Conduct	Attachment 6
Service Activity Log	Attachment 7
Record of Accident/Injury Incident	Attachment 8
Agency Contact Information	Attachment 9
Exit Interview for Volunteers	Attachment 10

VOLUNTEER JOB DESCRIPTION

A volunteer job description will be provided to you when participating in volunteer activities. Our Agency staff representative will review the job description with you and discuss your assigned job activities, any physical requirements, and safety.

Some volunteer assignments may require our Agency to conduct a criminal background check and determine that the history record is favorable for the services you are providing. As an example, volunteers providing services to Head Start are required to have a Department of Human Services background study; with a determination by the State as eligible to volunteer in our early childhood programs.

[VOLUNTEER INQUIRY](#)

Located at www.caplp.org

If you know of other interested individuals or groups that may want to volunteer at CAPLP, please send them our way. Volunteer opportunities will be posted on our website www.caplp.org and volunteers should submit their interest here.

- **Click on How to Help**
- **And then Click on Volunteer**
- The Agency Operations Director monitors this site and will send volunteer interest to the proper Division within 7-10 working days of receipt
- Volunteers may also contact our Agency Support, at 218-512-1500
- If volunteer opportunities have been coordinated by another organized group, there is the assumption that those volunteers have been properly screened by that other organized group.

If someone is looking for opportunities to make a difference – dedicated to helping people to help themselves and each other - have them contact us!

[EMERGENCY CONTACT INFORMATION](#)

As a volunteer you will be asked to complete emergency contact information. Your emergency information is confidential and allows our organization to secure emergency medical/dental care if your identified emergency contacts cannot be immediately reached for an **emergency**. This procedure is for emergency care only. Please note that volunteers will accept any and all costs arising from treatment that is not covered by their personal health or vehicle insurance.

[WAIVER FORM FOR VOLUNTEERS](#)

During the orientation and training, our staff representative will discuss the Volunteer Waiver, Release and Indemnity Agreement form. We ask that you review the document completely and speak to our staff representative if you have any questions.

[VOLUNTEERS UNDER THE AGE OF 18](#)

If the volunteer is under age 18, they will be under the supervision of the designated program supervisor. The Agency will adhere to all Federal and State laws relative to minors, in particular operating equipment and machines, and hours of placement. Visit MN Department of Labor <https://www.dli.mn.gov/business/employment-practices/age-restrictions-working-teens> for information on child labor laws.

[RETURNING ASSIGNMENT](#)

You are always welcome to become involved in our Volunteer Program. CAPLP has many opportunities for you to share your skills, talent and time. **We appreciate any time you can join us!**

VOLUNTEER MANAGEMENT SYSTEM

VOLUNTEER HOURS

CAPLP is a private, non-profit that submits grants and reports to the Federal and State governments. Certain funding sources require that we report the number of volunteer hours given to help us with our Mission. Please know that we only provide generic information.

Some employers and businesses also encourage their own staff to volunteer in the community. If you need verification of your volunteer hours, please speak to your Agency staff representative and we can provide you with a statement.

VOLUNTEERS RIGHTS AND RESPONSIBILITIES

A volunteer has the right:

- To be treated as an equal partner with Agency staff working toward our Mission
- To have a suitable assignment that matches your personal preference, personality, and life experience
- To have sound leadership and a clear job description
- To have safe and enjoyable working conditions
- To provide feedback, positive or negative, and receive full attention for your opinions.
- To be free from discrimination, harassment, intimidation, bullying or coercion
- To have the opportunity to make a difference. And, you do!

Your responsibilities as a Volunteer:

- If you have criticism about another volunteer or worker, you should express this to your Supervisor or the Agency's Human Resource Department
- To notify the Supervisor as early as possible if you are unable to work the scheduled shift
- Attend orientation and training sessions
- Always be considerate and work as a member of a team
- Carry out assignments in good spirit and seek assistance from experienced volunteers or staff members whenever you may need guidance or help
- Accept the right of the Agency to dismiss a volunteer because of negative performance or harm caused by their actions
- To decline an assignment that is not acceptable, but to maintain an open mind with regard to other people's standards and values
- To communicate personal limitations, such as, transportation needs, time constraints, or other challenges that could interfere with the volunteering. Your Supervisor may be aware of other volunteer opportunities you may engage in or provide referral to other appropriate services
- Able to work with the culturally diverse population of our community
- Maintain participant confidential and data privacy
- Adhere to the Agency's Code of Conduct and Professional Ethics and exhibit professionalism

GENERAL POLICIES AND PROCEDURES

Your staff representative will review the following policies and practices with you:

TECHNOLOGY & EQUIPMENT USE

CAPLP is bound by Data Privacy laws and adheres to HIPAA Security (Health Insurance Portability and Accountability Act). These laws require the protection of health and participant information. This includes any information which could be used to identify a program participant of our Agency services. Participant information is private information.

All computer and Agency equipment users have the responsibility to use these resources in a professional, ethical, and lawful manner. The computer network and all material and information created, transmitted, or stored on the system are the property of CAPLP.

Users should have no expectation of total privacy when using computer equipment. Violations of this guideline or inappropriate use of the Email and Internet systems may result in termination of volunteer services, as well as possible legal action and criminal liability.

DRUG-FREE WORKPLACE

Our Agency complies with the Drug-Free Workplace Act. Therefore, CAPLP enforces a drug-free workplace policy. CAPLP prohibits the use, possession, sale or trade of illegal drugs, other controlled substances, alcohol, and use of any tobacco products and e-cigarettes in the workplace, which includes any place where employees and/or volunteers are representing or conducting business for the Agency, including participant homes and property, all CAPLP office locations, in the tobacco free zone established around the Family Service Center and Agency vehicles

WORKPLACE VIOLENCE

CAPLP is committed in preventing workplace violence and maintaining a safe work environment. The Agency's policy against violence in the workplace is zero tolerance. Any volunteer who commits a violent act and/or other threatening, unprofessional or unsafe behavior will have their volunteer agreement terminated without prior warning. If you are the victim of, witness to, or are informed of any type of violent behavior or threat, report it immediately to your Supervisor, Division Director, the Human Resource Director or Executive Director. If you need to call for emergency help, dial 911 or follow your building or site personal protection and emergency procedure protocols. Personal protection and/emergency procedures will be provided as a handout within your orientation package and discussed by your staff representative.

WORKPLACE HARASSMENT/BULLYING/NON-DISCRIMINATION/EOE

CAPLP is an equal opportunity employer and will abide by Federal and State of MN laws prohibiting sexual and general harassment and maintain an employment atmosphere free of discrimination, harassment, intimidation, bullying and/or coercion. CAPLP will not tolerate discrimination, sexual or general harassment or bullying by any Agency employee or volunteer nor will we tolerate discrimination, sexual or general harassment or bullying to any Agency employee or volunteer by anyone associated with the Agency.

EMERGENCY PROCEDURE AND PROTOCOL

Your staff representative will discuss this with you. Volunteers will be provided documents on personal protection and emergency procedures within their orientation packet. Please review the documents within your orientation packet. Your Supervisor will discuss our inclement weather procedures, medical emergencies and personal protection procedures. More importantly, we MUST be aware and informed of your volunteer schedule(s) and locations at all times. We always must be kept informed of your location and address of your whereabouts.

SAFETY POLICY STATEMENT

We want to do our best to make sure that all volunteers have a safe and enjoyable experience volunteering. As an Agency we comply fully with the safety and health standards of the State of Minnesota and federal OSHA standards. If a volunteer ever sees something that appears unsafe or they don't feel capable of doing or have not been trained in for completing the task safely, please let your Supervisor know immediately or contact the Division Director or Human Resource Director.

ACCIDENT/INJURY INCIDENT FORM

We ask that you perform all your volunteer services safely. If you have questions on how to perform an activity, please ask your staff representative.

Volunteers will be required to document a near miss or accident and give it to their Supervisor as soon as reasonably possible. This information is important for recordkeeping and addressing potential hazards for other volunteers and employees. Supervisors will then inform the Division Director and Human Resources.

IMPARTIALITY

We recognize that our volunteers are active in their communities and come from a variety of backgrounds with diverse beliefs. As a nonprofit, CAPLP is a nonpartisan organization that does not believe in discriminating against any person. We believe in the value of everyone in our community. In turn, we ask that volunteers show respect for all people when representing CAPLP and please be aware that biased or discriminatory behavior is not tolerated.

VOLUNTEER STATEMENT OF CONFIDENTIALITY

As a volunteer of this organization, you may have access to confidential information, both verbal and written, relating to participants, volunteers or staff, and this organization.

As a volunteer it is expected that you agree to treat all such information confidentially and to discuss such information only within the professional boundaries of your volunteer position for this organization.

You must agree not to discuss any Agency participant, co-volunteer or staff matters after leaving the volunteer position or assignment. Breach of this agreement shall constitute grounds for and may result in termination of your volunteer status, except where such disclosure is consistent with stated policy and relevant laws.

ATTENDANCE/AGENCY CONTACT INFORMATION

If you, as a volunteer, are going to be late or absent from volunteering you should let the staff representative know as far in advance as possible. This allows us to find another volunteer to be scheduled in your absence. We do appreciate any hours that you can volunteer. The staff representative will provide our contact information.

VOLUNTEER AGREEMENT & ACKNOWLEDGEMENT OF HANDBOOK

This acknowledgement form is intended to assure you of our appreciation of your services. It will also indicate our commitment to do the very best we can to make your volunteer experience with CAPLP a productive and rewarding one.

Within the Volunteer Agreement, **CAPLP agrees** to accept your services as a volunteer and we commit to provide adequate training and assistance, along with respecting your skills and individual needs. **You agree** to perform volunteer duties to the best of your ability and to adhere to CAPLP rules and procedures, including record-keeping requirements, confidentiality of Agency and participant information, Code of Conduct and Professional Ethics.

The form acknowledges receipt of the Volunteer Handbook and is to be signed by you and the staff representative. This document will be maintained by the Agency.

CRIMINAL BACKGROUND STUDIES (BGS)

Individual job tasks and program assignment of the volunteer position will determine if a criminal history background study must be conducted. The Individual program regulations and Agency policy will supersede. If a volunteer requires a BGS, it must be completed by Agency Administrative Support, or Human Resources **prior to your assignment and before actual volunteer services begin**. CAPLP will only recognize our Agency's criminal history background studies.

All criminal history reports conducted are kept confidential within the **Human Resource Department**. All reports must be in favorable review according to the policies of our organization for the individual volunteer services performed. If a volunteer provides services for consecutive years without greater than six months lapse, the BGS will then be completed every 5 years.

EXIT INTERVIEW FOR VOLUNTEERS

We would appreciate feedback on your experience volunteering with us. Your honest input will assist CAPLP improve work practices and learn how to better utilize the talents of our volunteers. You are under no obligation to complete this Exit Interview and we want to remind you of what a valuable part you have played in furthering CAPLP's continuing movement with the war on poverty.

VOLUNTEER THANK YOU

Our programs succeed in part due to the acts of our volunteers and you will be recognized for your support.

Note: Changes to the handbook

There may be changes in laws or changes in the Agency that will require us to change or modify this handbook. We want you to know that while we will attempt to update the handbook in a timely manner, changes or modifications may be done without either asking your permission or having the obligation to notify you.



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VOLUNTEER APPLICATION – Attachment 1

Communities grow stronger when residents regularly do a variety of simple things that provide the chance to connect with others, build trust and get involved in doing things together. The connections built when helping others with everyday tasks makes bigger projects possible and builds individual and community spirit and resilience. A few hours of your time will make a huge difference to a neighbor, your community, and yourself.

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Apt # _____ City: _____ State: _____

Zip: _____ County: _____ Home Phone: _____

Work Phone: _____ Cell: _____ Email Address: _____

How do you prefer to be contacted? _____

If you choose to self-declare, please check those applicable:

Low Income 60 years old or + Military Status Disability Status

Gender:

Male Female Transgender

Any limitations, such as physical limitations or driving limitations? Be specific, if none, write none

VOLUNTEER EXPERIENCE

What volunteer experience do you wish to share with CAPLP?

What are your interests, skills, hobbies?

AVAILABILITY: What is your availability for volunteering?

Hours per week: _____ Hours per month: _____

Preferred days: _____ Preferred hours: _____

Location: _____

EMPLOYMENT: Do you need verification of your volunteer hours?

Yes No

If yes, verify to whom? Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone or email: _____

Volunteers will be asked to complete an Emergency Contact Sheet later.

Are you 15 or younger?

Volunteers 15 years of age and younger are welcome to volunteer if accompanied by an adult.

Statement of Confidentiality

I agree to respect and maintain the confidentiality of any person including staff, other volunteers, visitors, and program participants I may encounter while on CAPLP premises or at an off-site project.

Audio/Visual Release

I hereby give CAPLP permission to take pictures of me during my volunteer service for the purpose of promoting the Agency's Mission and services. I authorize CAPLP to utilize the finished images that pertain to me and those identified (minor children) on a continuous basis for the use of promoting the Agency and its Mission in printed and/or electronic media.

Criminal History

Some volunteer positions may require a criminal background check. If you are selected for one of those assignments, we will have you work with Agency Support to initiate the background study. Where background studies are required for volunteering, no assignment will be assigned until receipt of the completed background study has been viewed as acceptable by CAPLP for the assignment.

Conflict of Interest Disclosure

It is the policy of CAPLP to require Agency employees, volunteers, board members, and others having a relationship to the Agency, to fully disclose any potential conflicts of interest. While a disclosed conflict of interest may not affect the ability to provide volunteer services, failure to disclose a conflict of interest will result in the termination of the volunteer agreement. Describing all the circumstances which may develop, or qualify as a conflict of interest is impossible, however, the following are set forth as examples of conflicts of interest:

- Volunteers are prohibited from engaging in outside activities that are or give the appearance of being motivated by a desire of private gain for themselves or others, while causing harm to or competing with the Agency.
- If a volunteer or volunteer's immediate family is engaged in a business similar in nature to the Agency, it must be fully disclosed.
- No volunteer may directly or indirectly borrow from, lend to, invest in, or engage in any financial transaction with a potential customer or participant.
- No outside work may be done using Agency facilities, equipment, or supplies. Any outside work performed by a volunteer must not be represented as the work of the Agency.
- Volunteers and their immediate families are prohibited from accepting gifts, money, and/or gratuities from any persons receiving benefits or services under any Agency programming.

Liability Waiver

I am aware of the risks of participation. I understand that participation in this activity is strictly voluntary and I freely chose to participate. I understand that CAPLP does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as a volunteer, and further, I understand that I am not entitled to workers compensation in the event of injury or death. I, and my heirs, in consideration of my participation in CAPLP volunteer opportunities hereby release CAPLP, its officers, employees and Agency, and any other people connected with the Agency and/or event, from any and all liability which might occur while participating in this Agency event. **I agree to:**

- Attend orientation and training sessions as needed
- Maintain the confidentiality of any person encountered while volunteering including staff, other volunteers, visitors, and program participants
- Work as a member of a team and always be considerate of staff, other volunteers and participants
- Seek assistance and guidance from staff members and experienced volunteers when I have questions or concerns
- Decline a work assignment I am not trained for and/or comfortable doing
- Fully disclose any potential conflict of interest to my Supervisor, Division Director, or Human Resource Director
- Maintain an open mind in regard to other's standards and values
- Work with a culturally diverse population in a non-discriminatory, respectful manner
- Accept the right of CAPLP to dismiss a volunteer because of negative performance or violating any policies
- Follow the guidelines and procedures specific to the project for which I have volunteered
- Notify my Supervisor as soon as possible if I am unable to work when scheduled
- Not accept payment or gift in any form from a program participant. I will adhere to the Agency's Code of Conduct and Professional Ethics
- Not bring another person with me to volunteer if they have not completed the application process
- Keep track of and report my time volunteering in a timely manner as requested

Driving Information: (If you are not driving as part of your volunteering task, DO NOT complete) If you are volunteering for a position that requires driving, CAPLP requires a valid driver's license and proof of automobile insurance.

Are you able to use your automobile if the volunteer position requires?

Yes No

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance meeting MN minimum requirements. I agree to provide copies of these documents to CAPLP, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired, or if my vehicle insurance lapses.

Insurance Carrier: _____

Period of Insurance Coverage: _____ Policy # _____

Driver's License # _____

State Issued: _____ Expiration Date: _____

Certification of Application:

- I understand what my volunteer duties are and who to ask if I have questions
- I certify that all information submitted by me on this application is true and complete
- I agree to follow and abide by all sections of this application
- I understand that my volunteer status may be terminated if I do not abide by all sections of this application

Signature of Applicant

Date

Once your application has been received, it will be reviewed, and you will be contacted within 7 – 10 working days to discuss volunteer opportunities and assignments. **Please check box(s) to indicate your interests:**

- Workforce – assist in resume writing/interviewing skills, provide work transportation
- Senior Chore Services
- Head Start
- Poverty Simulations
- Free Tax Preparation
- Food Drops
- NAPS
- General Office Duties

CAPLP acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, veteran status, disability, sexual orientation, sex, marital status, parental status or status of public assistance.

Volunteer Application - References

1) Name: _____

Phone Number: _____

Relationship: _____

2) Name: _____

Phone Number: _____

Relationship: _____

3) Name: _____

Phone Number: _____

Relationship: _____



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VOLUNTEER AGREEMENT AND ACKNOWLEDGEMENT – Attachment 2

The intent of this agreement is to assure you of our appreciation of your volunteer services and to indicate our commitment to do the very best we can to make your volunteer experience with CAPLP a productive and rewarding one.

CAPLP agrees to accept the services of the Volunteer and we commit to the following:

- To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of the position
- To ensure diligent supervisory aid and to provide feedback on performance.
- To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks
- To treat the volunteer as an equal partner with our staff, jointly responsible for working towards our Agency's Mission and Core Values

The **Volunteer** agrees to the following:

- To perform volunteer duties to the best of their ability
- Adhere to CAPLP rules and procedures, including record- keeping requirements, confidentiality of Agency and participant information and the Code of Conduct and Professional Ethics
- Meet time and day commitments, or to provide adequate notice so that alternate arrangements can be made
- To keep CAPLP informed of your worksite location(s) at all times

Acknowledges receipt of:

- Volunteer handbook
- Volunteer Job Description
- Waiver & Release Form
- Statement of Confidentiality
- Standards of Conduct
- Equal Employment Opportunity
- Reporting Accident & Safety Protocols
- Reporting of Whereabouts

Volunteer Signature: _____	Date: _____
Printed Full Name of Volunteer: _____	
Supervisor Staff Signature: _____	Date: _____
Printed Full Name of Supervisor: _____	
Supervisor Ensure this documentation has been appropriately signed and retain:	
<ul style="list-style-type: none">➤ Volunteer Application Form (Attachment 1)➤ This Volunteer Agreement & Acknowledgment (Attachment 2)➤ Volunteer Job Description (Attachment 3)➤ Volunteer Emergency Information (Attachment 4)➤ Volunteer Waiver, Release, and Indemnity Agreement (Attachment 5)➤ Standards of Conduct for Volunteers (Attachment 6)	



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SAMPLE VOLUNTEER JOB DESCRIPTION – Attachment 3

CAPLP

Volunteer Name	Program/Division	
	NAPS (Nutrition Assistance Program for Seniors)/Economic Empowerment	
Originally Prepared By	Date Prepared:	FLSA Status:
Becki Johnson, Economic Empowerment Director Robin Christianson, Seniors Program Coordinator Kim Trautman, Human Resource Director	01/2019	N/A
Reports To	Approved By	
Seniors Program Coordinator	Lori Schwartz, Executive Director	
Volunteer's Signature	Date	
Supervisor's Signature	Date	

JOB FUNCTION:

(description should be consistent with the program the volunteer will be working with)

The NAPS volunteer will assist in the monthly distribution of food boxes to Agency program participants. This volunteer position helps to extend the resources of the Agency to better assist and address the needs of our senior population.

ELIGIBILITY REQUIREMENTS and AGENCY EXPECTATIONS

Eligibility Requirements:

- Must be able to follow and understand directions
- Must be courteous and personable when dealing with staff, public, and other volunteers
- Must be able to communicate, work effectively, and cooperatively with Supervisors and co- volunteers
- Must be able to maintain security and confidentiality of all records and all interpersonal interactions with participants and staff
- Computer skills or keyboarding skills desired, but not necessary
- Dependent upon the volunteer activity, the volunteer position may be subject to a Criminal Background Check, the result of which is acceptable to the Agency

Agency Expectations:

- Embrace, advocate, and carry out the mission, vision and core values of the Agency and adhere to all Agency Policies and Procedures
- Familiarize and work toward the achievement of Agency-wide strategic plan goals, strategies and measures
- Acts as a role model within, as well as outside the Agency

SUPERVISION: Robin Christianson, Seniors Program Coordinator

(who the volunteer directly works with - state the name of the Director, Coordinator, Manager, etc. and their title)

SPECIFIC DESCRIPTION OF TASKS:

(tasks listed should be specific to the program)

- 1) Assist in the loading of food boxes to participants vehicles
- 2) Delivery of food boxes to participants homes, at times
- 3) Greeting participants as they arrive at the distribution site

PHYSICAL REQUIREMENTS/DEMANDS:

(should be specific to the program; this is purely a sample of physical requirements and may change as volunteer opportunities change)

The physical demands described here are representative of those that must be met by a volunteer to successfully perform the essential functions of the NAPS program

- Stand, walk, handle or feel objects, reach with hands and arms, balance, stoop, kneel, talk or hear.
- Should be able to lift and/or move up to 50 pounds
- Volunteers should be encouraged to use carts and dollies to move heavier boxes, whenever possible, or to use teams of two or more persons



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VOULNTEER EMERGENCY INFORMATION – Attachment 4

(CONFIDENTIAL - Please print legibly and please complete the entire form)

Personal Information

Last name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____ Phone: _____

Do you have an **Order for Protection (OFP)** Yes No

If yes, please provide a copy to the Human Resource Director

Preferred Doctor:	Preferred Dentist:
Clinic:	Clinic:
Address:	Address:
Phone:	Phone:

Emergency Source of Medical Care- Should we need to take you to the emergency room or hospital for treatment:

Preferred Hospital: _____ City: _____ Phone: _____

List any medications you need to receive: _____

Do you have any dietary or medical needs? Yes No

If yes, please identify: _____

Conditions we should know in case of any emergency (asthma, diabetes, allergies, etc.)

Please describe: _____

Describe any condition that is life threatening or we should know about:

Emergency contacts:

Name:	Relationship:	Address:	Phone:
Name:	Relationship:	Address:	Phone:

I give my permission to secure needed emergency medical/dental care if my listed emergency contacts cannot be immediately reached in an emergency. I authorize any licensed practitioner to provide whatever treatment is deemed necessary. I accept responsibility for any costs arising from treatment that is not covered by my personal insurance or vehicle insurance.

Signature _____

Date _____



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VOLUNTEER WAIVER, RELEASE, & INDEMNITY AGREEMENT – Attachment 5

Between CAPLP and Volunteer

This document sets forth the responsibilities and understandings of the volunteer and of CAPLP Agency regarding the volunteer's participation in volunteer programs partially or wholly coordinated by the Agency. The volunteer and CAPLP agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of CAPLP for any purpose and the volunteer's services are not controlled nor mandated by the Agency.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian. Volunteers 15 and younger are welcome to volunteer if accompanied by an adult.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while CAPLP has taken some steps to reduce the chances of injuries or harm to the volunteer, that the Agency has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release the Agency from any and all potential claims for injury, illness, damage, or death which the volunteer may have against CAPLP that might arise out of the volunteer's service and to hold the Agency harmless there for.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. CAPLP is not providing the volunteer with insurance coverage for any injuries, conditions, or losses to the volunteer arising out of volunteer activities, except that CAPLP does provide liability insurance coverage on all Agency vehicles used during service projects, if applicable.
8. The volunteer must maintain his or her own primary medical insurance and the volunteer's own automobile liability insurance when driving a non-Agency vehicle to cover potential medical and other costs related to the volunteer service; and the volunteer is also encouraged to maintain property and life insurance coverage while serving as a volunteer.
9. All costs for injury or loss above the coverage provided by the volunteer's insurance are the volunteer's personal responsibility.

10. In projects where the volunteer will be transporting others in a non-Agency owned vehicle, the volunteer will be required to provide proof of automobile insurance and valid driver's license in order to participate.
11. Since volunteers are not CAPLP employees, the Agency does not provide worker's compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.
12. The volunteer is aware that participation may require periods of physical requirements as identified through a volunteer position description or as specifically discussed and agreed to exercise reasonable care and safety practices to avoid injury or illness. The volunteer is participating in the activity with knowledge of any potential hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.
13. As consideration for volunteering for CAPLP, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue CAPLP or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused by any of its officers, employees, agents, or contractors of CAPLP as a result of my volunteering. I hereby release and discharge CAPLP and its officers, employees, agents and contractors from all actions, claims or demands that I, my heirs, guardians and legal representatives now have, or may have in the future, for injury or damage resulting from my participation in the volunteer project.
14. I understand that any materials and/or tools provided by CAPLP are to remain the property of the Agency, and I agree to return these tools and any remaining materials to the Agency at the end of my volunteer service. I also agree to use tools and equipment that I am capable of using in a safe manner.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Volunteer Signature

Volunteer Printed Name

Date

CAPLP Representative Signature

CAPLP Printed Name

Date



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STANDARDS OF CONDUCT FOR VOLUNTEERS – Attachment 6

To assure safe, efficient and harmonious operations and to fully inform all volunteers of their responsibilities the CAPLP Standards of Conduct are established for the guidance of volunteers. The listing is not intended to be comprehensive. Infractions may lead to termination of our volunteer relationship with you.

BREACHES OF STANDARDS OF CONDUCT (Those listed, but not limited to such)

- Falsification of records
- Unauthorized possession of Agency, employee or participant property, fraud, carrying weapons or explosives, or violation of criminal laws on Agency premises, including satellite offices, participant household dwellings or community premises
- Fighting, throwing things, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of any employee, participant, volunteer, and/or is disruptive to Agency operations
- Threatening, intimidating, coercing, using abusive language, or interfering with the performance of fellow employees, volunteers and/or participants
- Any act of harassment, sexual or racial, or any other form of discrimination or creating a hostile work environment towards employees, volunteers or public
- Insubordination or refusal to comply with instructions or failure to perform reasonable duties which are assigned
- Unauthorized use of Agency material or equipment or participant information
- Conduct which the Agency feels reflects adversely on the volunteer or Agency
- Performance which, in the Agency's opinion, does not meet the requirements of the volunteer position
- Engaging in such other practices as may be inconsistent with the ordinary and reasonable rules of conduct necessary to the welfare of the Agency, its employees, volunteers or participants
- Willful or repeated violation of safety rules, Agency policies or program standards
- Being under the influence of alcoholic beverages, illegal drugs or other intoxicants at any time on Agency premises satellite offices, Agency vehicles, or while on Agency business, including participant residence
- Not maintaining participant and Agency confidentiality, not only in-house, but also during non- volunteer hours
- Accepting gifts, money, promotional benefits, and/or other gratuities from participant, vendors, or individuals performing services under contract, or otherwise, for personal gain
- Other circumstances in which the Agency feels that discipline is warranted
- Volunteers will not bring another person with them to volunteer if that individual has not completed the application process
- All staff, consultants, contractors, vendors and volunteers must abide by the program's Standards of Conduct

- All staff, consultants, contractors, vendors and volunteers must implement positive strategies to support children’s well-being and prevent and address challenging behavior.
- All staff, consultants, contractors, vendors and volunteers must not maltreat or endanger the health or safety of children.
- Actions that may result in immediate dismissal or disciplinary action:
 1. Use of corporal punishment
 2. Use of isolation to discipline a child
 3. Binding or tying a child to restrict movement or taping child’s mouth
 4. Using or withholding food as a punishment or reward
 5. Using toilet learning/training methods that punish, demean, or humiliate a child
 6. Using any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
 7. Physically abusing a child
 8. Using any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family
 9. Using physical activity or outdoor time as a punishment or reward, or
 10. Leaving a child alone or unsupervised while under care
- Staff, consultants, contractors, vendors and volunteers must respect and promote the unique identity of each child and family and not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, family composition, or economic status.
- Staff, consultants, contractors, vendors and volunteers must comply with Agency confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with applicable federal, state, local, and tribal laws and funding source performance standards.
- In addition to the Agency's Personnel Policies, the Office of Head Start also requires CAPLP comply with Drug and Alcohol Workplace requirements to receive Federal funding. MN Statute 245A.04 sub (c) prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.

By signing below, you confirm you have read, understand, and agree to the Standards of Conduct

Volunteer Signature

Volunteer Printed Name

Date

CAPLP Representative Signature

CAPLP Printed Name



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SERVICE ACTIVITY LOG – Attachment 7

We want to thank you for your volunteer services! This form is to be completed and recorded within the CAP60 program or another Agency approved data base by the Division Supervisor who worked with the volunteer. **The Supervisor should also retain Attachments 1-9 for a period of two (2) years.**

Please Print:

Volunteer Name: _____
Full First Name MI Last Name

Date of Service	Hours	Activities

Division Staff Representative: _____
Full First Name MI Last Name

Date Entered: _____



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RECORD OF ACCIDENT/INJURY REPORT – Attachment 8

Name of individual reporting:		Date:
Injured person's name:	Last four digits of social:	
Injured person's address:		
Phone:	County of residence:	
Date of injury:	Time of injury:	
Type of injury (be specific):		
Place of injury (address and specific area of incident at the location):		
What happened:		
Who was involved?		
Part of body affected:		
Was first aid administered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What first aid treatment was done:		
Was medical attention sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe (including where and what was done:		
Was volunteer's emergency contact informed?	If yes, who:	
If minor, was parent(s) notified?	If not, why not:	
Was the incident investigated?	What date investigated?	
Findings of investigation:		
Witnesses' names and contact information:		
Submitted by:		Date:

Contact HR and the Department Supervisor as soon as reasonably possible



CAPLP CONTACT INFORMATION FOR VOLUNTEER – Attachment 9

Supervisor Name: _____ Phone: _____

Supervisor Email: _____

Division Director Name: _____ Phone: _____

Division Director Email: _____

Agency Support Name: _____ Phone: _____

Agency Support Email: _____

Human Resource Director Name: _____ Phone: _____

Human Resource Director Email: _____

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EXIT INTERVIEW FOR VOLUNTEERS – Attachment 10

Volunteer Name: _____ Home Phone: _____

Today's Date: _____ Date Volunteer Assignment Began: _____

Thank you for your volunteer contribution at CAPLP.

In which area did you volunteer?

- | | | |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Housing | <input type="checkbox"/> Economic Empowerment |
| | | <input type="checkbox"/> Advocacy/Group Work Camp |
| | | <input type="checkbox"/> Child Care Aware |
| | | <input type="checkbox"/> Food Drops |
| | | <input type="checkbox"/> Rainbow Bridge |
| | | <input type="checkbox"/> Senior Outreach/NAPS |
| | | <input type="checkbox"/> Tax Site |
| | | <input type="checkbox"/> Whole Family |
| | | <input type="checkbox"/> Work Force |

How adequate was the orientation and training you received for your assignment?

What was your original motivation for volunteering with us?

What was the most interesting or rewarding experience you had while volunteering here?

Would you recommend volunteering with CAPLP to others?

Do you have any suggestions, changes or recommendations to improve our volunteer programs?

Please check the applicable reason(s) for your decision to leave this volunteer assignment:

- I had a successful experience, but am ready for something else
- I want to do a different kind of volunteer work or in a different organization
- I don't have enough time anymore to continue volunteering
- My assignment didn't meet my expectations
- The assignment was too routine and repetitive
- Working with the public or and/or children was too stressful
- I didn't feel supported or appreciated by the staff
- I didn't receive adequate training to feel competent
- Problems with transportation, work schedule and/or safety/security of location
- Other reasons (please specify)