

Statement of Understanding

Agency Guidelines for Volunteer Center Referral of Volunteers

1. This organization serves the community, is a private not-for-profit or public agency. Private, not-for-profit organizations need to have their 501(c)(3) tax exempt status with the Internal Revenue Service. Other not-for-profit organizations may request review and approval by the Volunteer Center.
2. The organization has a functional board which meets on a regular basis, operates on an annual budget, and maintains appropriate financial records.
3. The organization assumes responsibility for providing liability insurance for volunteers, including board members, or will inform prospective volunteers that they need to provide their own coverage.
4. There is an official outreach worker or volunteer manager who is responsible for managing the volunteer program, including board candidate referrals. Volunteer requests will be directed through this person.
5. The organization involves volunteers to enhance and support paid staff, not supplant or replace employees within the organization.
6. The organization takes responsibility for screening, orienting, training, supervising, evaluating, and recognizing volunteers within the organization in providing a safe environment for those volunteers.
7. The organization incorporated the volunteer program in its planning, goal setting, and evaluation process from a board and staff standpoint.
8. The organization assumes responsibility for keeping the Volunteer Center informed about any agency or program changes.
9. The persons responsible for volunteers will acquaint themselves with Volunteer Center procedures. Volunteer requests will be made with appropriate lead time (minimum of two-three weeks). Requests will be made through use of existing forms.
10. The organization agrees to provide information on placement of volunteers to the Volunteer Center.

We, the undersigned agree to these guidelines and procedures, and confirm that this agency is in receipt of a 501 (c) (3) tax exempt letter.

Executive Director (please print)

Volunteer Program Manager (Please print)

Signature

Date

Signature

Date

Master Agency Registration

Agency: _____

Address: _____ City: _____ Zip: _____

Executive
Director: _____ Phone: _____ Fax: _____

Staff assigned to Volunteer Supervision:

Name: _____

Title: _____ Phone: _____

Agency's Mission & Client Population Served:

General or Direct Service Volunteers:

Please prepare the enclosed volunteer request/job description form for each volunteer position for which you'd like us to recruit. (Please duplicate blank form if there is more than one job description).

Group Projects:

Please prepare the enclosed Agency Group Project Request Form. (Please duplicate blank form if there is more than one project).

Board of Director/Committee Members:

Please use the enclosed Board of Director/Committee Member Request Form and note the request for additional information to be submitted with your form.

Consultant/Technical Assistance:

Please call our office at (206) 544-6286 if you need management assistance volunteers in

Board of Directors/Committee Member Request Form

Date: _____

Agency: _____

Address: _____

City, _____ State: Zip: _____ Phone: _____

Agency Executive _____ Director: Phone: _____

Agency Board _____ President: Phone: _____

Volunteer _____ Position: _____

Special _____ Skills _____ Desired: _____

_____ Accounting _____ Marketing

_____ Planning/Evaluation _____ Personnel

_____ Fund Raising _____ Public Relations

_____ General Management _____ Research

_____ Legal

Other _____ Needs/Qualification: _____

Type of Board: _____ Advisory _____ Policy-Making

Current Number of Board Members:

****Important: So that we may provide relevant information regarding your agency to prospective volunteers, please return this form with the following:**

_____ Board Member job description

_____ Your customary "Board Packet" for potential Board Members, including any agency promotional material, brochures, or descriptive information.

What (if any) is your normal Board Recruitment period: _____

Agency Group Project Request Form

Agency Name: _____

Program _____ Name: _____

Project _____ Candidate: _____

On-Site _____ Supervisor: _____

Site _____ Address: _____

Group _____ Project _____ Description: _____

Specific _____ Duties/Responsibilities: _____

Specific _____ Skills _____ Needed: _____

Any _____ Materials _____ Needed: _____

Training/Preparation: _____

Possible Dates (Plan to give us two to four weeks to find a group): _____

Possible Times: _____ Morning _____ Afternoon _____ Evening

_____ All Day _____ Saturday _____ Sunday

Size of Group Required: Maximum _____

Minimum _____

Length of _____ Time _____ to _____ Complete: _____

Volunteer Request/Job Description Form

Date	Received	Job	No.
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Agency: _____ Program _____ Name: _____

Address: _____ City: _____ Zip _____

Volunteer _____ Coordinator: Phone: _____ Fax: _____

Volunteer _____ Position: _____

How many volunteers are needed in this position?

Job Description (Use back of page if more space is required):

Desired Qualifications: Age: _____ Education: _____

Experience: _____

Other: _____

Location of Volunteer Work: Agency Site

_____ Other (please explain) _____

Hours: _____ Weekday Mornings

_____ Weekday Afternoons

_____ Evenings

_____ Weekends

Approximate
Time commitment required
for this position:

Special Requirements (i.e. equipment, clothing, vehicle, etc):