

Sterling Council on Aging

Volunteer Manual

*Our mission is to maintain the health and well being
of the Sterling seniors and to assist them with
preserving their independence.*

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Dear Volunteer,

Welcome to the Sterling Council on Aging/Senior Center's volunteer program. On behalf of the Council, I want to thank you for your interest in our program. You are a valued and appreciated asset to the Senior Center and an essential part of our Center's continued success. As a volunteer, your donated time will enable Sterling seniors to live richer lives.

This Volunteer Manual is intended as a reference to assist you in your role. Some of the items are for your reading pleasure. Some need to be filled out and returned to the Senior Center. There is also a new form for tracking volunteer hours. Every year we are asked how many volunteers we have and how many hours are committed to volunteering. In order to facilitate this process, we are asking that you turn in your volunteer hours to the Senior Center on a monthly basis (if possible). This information will greatly help us.

The Sterling Senior Center would not be able to do as much as we do without the assistance of so many talented and willing volunteers. Thank you for your ongoing commitment.

Karen Phillips
Director, Sterling Senior Center

Volunteer Information Sheet

Name: _____

Address: _____

Phone number: _____

Birth date: _____

Do you speak more than one language? List:

I am interested in the following volunteer opportunities:

- 1.
- 2.
- 3.

Days of availability:

Time of availability:

Emergency Contact Information

Name: _____

Phone Number: _____

Relationship: _____

Additional information you think is important:

Signature

Date

CORI

NAME_____

ADDRESS_____

TELEPHONE
NUMBER_____

PLACE OF
BIRTH_____

MAIDEN
NAME_____

ALIAS?_____

DATE OF BIRTH_____

SOCIAL SECURITY NUMBER (OPTIONAL)_____

MOTHER'S MAIDEN NAME_____

FORMER ADDRESSES_____

SEX:_____ HEIGHT: _____ft. _____in. WEIGHT:_____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER:_____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING
FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION:_____

SIGNATURE_____

Confidentiality Agreement

As a volunteer fulfilling various assignments for the Sterling Council on Aging, I agree to honor and respect the confidentiality of the residents of Sterling.

I will not discuss individuals who receive services at COA activities; individuals serviced by the COA who may receive their services in their homes; individuals served at various health clinics provided by the COA; or individuals with psychological or social issues in need of counseling, screening, and referral/case management.

Confidentiality means to have trust in and exchange information knowing that it would not be released or talked about to anyone else except the appropriate staff or volunteer involved. I will honor the confidentiality of my position as a volunteer, being careful to protect and respect all information I see or hear.

I may talk about my job and about the Sterling Council on Aging and programs in general. However, I will not divulge private or identifying information.

My signature confirms my understanding and adherence to this confidentiality agreement.

Name

Date

Disclaimer

By completing the information below and participating in this voluntary activity, the undersigned participant releases the Town of Sterling, its employees, agents, representatives and those government agencies and other organizations affiliated with this activity from any all loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in this activity. In case of a medical emergency the undersigned participant agrees to give consent to the Sterling Council on Aging and its employees or agents to contact family members, physicians, or other applicable agencies regarding my care and sharing information. This authorization is intended to satisfy any applicable state or federal laws.

Name: _____

Address: _____

Emergency Contact:

Signature: _____

Date: _____

Volunteer Positions

Positions are subject to availability. Full job descriptions are available upon request.

Meals on Wheels – assist in packaging up meals that are delivered to home bound seniors

Nutrition – assist in the serving of meals to seniors in the in-house dining room; assist with the clean up of the dining room and kitchen

Baked goods – baked goods are needed for various activities throughout the year for concerts and special events; volunteers are needed to prepare and donate these baked goods

Newsletter and mailings – monthly labeling of newsletter and occasional stuffing of envelopes for special mailings

Activity/Instructional – use your talents teach a class (arts, crafts, cribbage, etc.) or to facilitate a support group, etc.

Friendly Visitor – brighten someone's day by contacting a home-bound or ill senior by phone or personal visit at their home for a brief period of time for conversation, a listening ear, etc.

Library – assist in maintaining the Senior Center's library and/or deliver books to homebound seniors

Off the Rack Boutique – assist in keeping the donated clothing neat and orderly

Hospitality – serve refreshments for various Senior Center functions which may include concerts, speakers, parties, etc. and help to clean up afterwards

Volunteer Pool – people sometimes want to volunteer but do not want to be part of an ongoing activity. If this is the case, you could become part of the “volunteer pool” at the Center. You may be called upon to offer assistance for special events and one-time projects. You can also serve as a substitute for any volunteer position.

Conflict of Interest

The Senior Center prohibits volunteers from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of the Senior Center, its affiliates, its clients, or its suppliers.

Volunteers may not solicit paid clients for their services or hand out business cards while at the Center.

Volunteers should never work or provide services for a fee to a client they see or meet in their capacity as a volunteer of the Sterling Senior Center.

Volunteers should perform no functions beyond the normal responsibilities or duties described upon their volunteering with the Sterling Senior Center.

Insurance Coverage

Individuals using their own car to travel to and from their assignment must have the required Massachusetts liability insurance in force. If your intent is to use your own automobile, you must certify that you have the necessary coverage on your private car.

Gifts

Volunteers and their immediate families are not allowed to accept gifts of any significant value from clients.

Volunteers are not to give, offer, or promise (directly or indirectly) anything of significant value to any client.

Inclement Weather Policy

If a state of emergency is declared, then the Sterling Senior Center will be closed. If the Center is to be open, but for some reason the weather makes it impossible for you to travel to the Center in order for you to perform your volunteer activity, please contact the Director at the Senior Center (978-422-3032).

Personal Conduct Policies

Alcohol and Drug Abuse

There is no alcohol allowed at the Sterling Senior Center. No volunteer should be under the influence of alcohol or recreational drugs while volunteering at the Center.

Client Safety

If at any time a client is injured or needs medical attention, please call 911. Do not attempt to administer medical treatment to any client. If the client needs CPR or the Heimlich Maneuver, please feel free to do so “if you are certified” in these procedures and feel comfortable in performing them. Please do not attempt to transport a client that is in a wheelchair unless you are physically able to assist this person. You must inform the Director of any emergency as soon as possible.

Emergencies

If a situation arises with a client during your volunteer shift that is deemed an emergency, where appropriate, immediately call 911 and alert the dispatcher of the type of emergency. You must inform the Director of any emergency as soon as possible.

Medications

Volunteers are not allowed to administer medications to any Senior Center client. Medications are the responsibility of the patient or caregiver, not the volunteer.

Smoking

Smoking is not allowed in the Senior Center. If you need to smoke, please do so outside and away from the main doors of the building.

Volunteer's Evaluation

Thank you for your part in making our volunteer program a success! We would appreciate your answers to the following questions so that we can evaluate and improve the program. Please return to the Senior Center office.

1. Why did you decide to become a volunteer at the Senior Center?

2. How would you describe your relationship with the Senior Center staff?

Excellent Satisfactory Unsatisfactory

3. Do you feel you had adequate materials and/or help?

Yes No

4. Please make suggestions for future volunteers.

5. Comment on your experience as a volunteer, was it rewarding?

6. If you are not going to volunteer again, will you tell us why?

Optional:

Name _____

Phone _____

Volunteer Hours

Name _____

Address _____

Phone _____

Volunteer position _____

Please track the hours that you volunteer for the Senior Center and then turn in your calendar to the Senior Center office at the end of each month.

Month _____

Year _____

Week one _____ hours

Week two _____ hours

Week three _____ hours

Week four _____ hours

Week five _____ hours

Total hours _____ hours