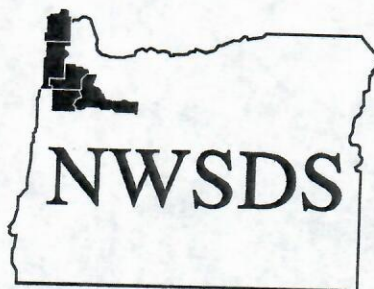


# **NorthWest Senior & Disability Services**



# **VOLUNTEER HANDBOOK**

**Effective 2018**

## Table of Contents

<b>Welcome .....</b>	<b>1</b>
<b>Our Vision, Mission and Core Values .....</b>	<b>2</b>
<b>About NWSDS .....</b>	<b>3</b>
<b>Who is a Volunteer? .....</b>	<b>4</b>
<b>Rights and Responsibilities .....</b>	<b>5</b>
<b>General Volunteer Information .....</b>	<b>6</b>
Volunteer Application and Screening Process .....	6
Volunteer Training .....	6
Background Checks .....	6
Non Discrimination.....	7
Gifts .....	7
Mandatory Abuse Reporting .....	7
Abuse of Vulnerable Adult and Self-Neglect .....	8
Confidentiality.....	10
Transportation of Consumers.....	10
Email, Electronic Communication, and Texting.....	11
Personal Appearance .....	11
Conflict of Interest.....	11
Political Activities.....	11
Use of Position for Political Influence .....	12
Substance Abuse/Drug Free Environments.....	12
Identification.....	13
Attendance .....	13
Corrective Actions .....	13
Resignation .....	13
Dismissal of a Volunteer .....	13
Additional Policies and Procedure .....	14
<b>Safety .....</b>	<b>15</b>
Guarding Your Safety.....	15
First Aid Kits .....	15
Home Visit Safety .....	15
911 Police Emergency.....	15
<i>Be Prepared to Report the Following Information</i> .....	15
<i>What to Observe If Possible</i> .....	15
Professional Boundaries and Behaviors.....	16

## Welcome

Thank you for choosing to volunteer with us!

We are an awesome team of people who have come together with shared understanding and commitment to our Mission, Core Values, and Culture. Our goal as your Executive Directors is to remain dedicated to this commitment and continue to improve how our Agency delivers its services.

This Volunteer Handbook is designed to provide you with guidelines about the Agency, policies and general volunteer information. Your volunteer supervisor will provide you with details about your specific tasks, program and location. Be sure to ask questions and seek clarification whenever needed.

By volunteering your time, you make a positive difference in the lives of others. You help provide valuable services for our organization and programs that we could not otherwise provide. Above all, the people we serve come first. NorthWest Senior & Disability Services (NWSDS) is a human services agency designed for the purpose of improving the lives of those we serve. When we make decisions, our first consideration is the impact they will have on those we serve. This is why we ask that you read this handbook carefully and refer to it whenever questions arise.

We hope that your experience as an NWSDS Volunteer will be fulfilling. Working together we do make a difference!

Again, thank you for your commitment.

**Melinda Compton**

Melinda Compton  
Executive Director (Program)

**Tanya DeHart**

Tanya DeHart  
Executive Director (Operations)

## About NWSDS

NorthWest Senior & Disability Services began as Mid-Willamette Valley Senior Services Agency on July 1, 1982. We are a local intergovernmental agency that was formed by Marion, Polk and Yamhill counties and expanded in 2005 to include Clatsop and Tillamook counties, and services for people with disabilities.

As the designated Area Agency on Aging and Disability Services for Clatsop, Marion, Polk, Tillamook and Yamhill counties, NWSDS develops and maintains a comprehensive and coordinated service system to meet the needs of seniors and people with disabilities. Our approach to these responsibilities is reflected in the agency's mission statement and core values.

NWSDS is governed by a Board of Directors, which is comprised of five county commissioners, one each from Clatsop, Marion, Polk, Tillamook and Yamhill counties. The Board relies heavily upon the recommendations and wisdom of board-appointed volunteers for the Senior Advisory Council and Disability Services Advisory Council.

NWSDS has been designated as an Aging and Disability Resource Connection (ADRC) serving as a single point of entry to services for seniors and people with disabilities in our 5 counties. We have offices located in Dallas, Salem, McMinnville, Tillamook, Warrenton and Woodburn, as well as numerous senior dining centers (meal sites) providing on-site dining, frozen meal programs and home-delivered meals.

The services coordinated and provided by NWSDS include, but are not limited to: information & assistance; case management; eligibility determination for Medicaid and SNAP (Food Stamp) programs; adult protective services; licensing of adult foster care homes; pre-nursing home admission assessments; home-delivered meals, peer mentoring, Senior Health Insurance Benefit Assistance (SHIBA), money management, and family caregiver support. Additionally, Agency staff authorizes and arranges an assortment of long-term care supports including in-home services, respite care, adult day care, residential care, and nursing facility care.

## Rights and Responsibilities

### **As a Volunteer You Have the Right to:**

- ✓ Feel positive about your experience
- ✓ Have support from others
- ✓ Receive a volunteer role description and suitable training
- ✓ Be heard
- ✓ Say "no" to requests that are outside of your comfort level
- ✓ Know about NWSDS
- ✓ Receive recognition

### **As a Volunteer You Have the Responsibility to:**

- ✓ Honor the agency's Mission and Core Values
- ✓ Be honest
- ✓ Be reliable and dependable
- ✓ Be compassionate
- ✓ Keep information confidential
- ✓ Work as a member of a team
- ✓ Be open minded
- ✓ Report any safety concerns
- ✓ Be professional
- ✓ Be accountable
- ✓ Model good boundaries
- ✓ Be a mandatory reporter

The Agency makes the final determination following the completed background check and retains the right to revoke any offer of volunteer positions conditioned upon approval of a background check. Refer to Appendix F on page 26 to learn more about the background check process.

### **Non Discrimination**

Just as we are committed to treating our consumers with respect and dignity, NWSDS is committed to fostering an environment that is characterized by respect and dignity. Therefore, discrimination is not consistent with our mission and values and will not be tolerated from anyone, including any manager, supervisor, co-worker, volunteer, consumer, vendor or other third party. Everyone is responsible for fostering a respectful environment and reporting discriminatory or harassing behavior.

All reported incidents will be investigated. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given NWSDS' obligation to investigate and act upon reports of such harassment. Retaliation of any kind against the reporter of a suspected incident is prohibited.

### **Gifts**

Consumers may wish to show their gratitude by offering you small gifts or money. As a public Agency there are significant restrictions on the acceptance of any gifts.

Due to the nature of the relationship, it will be important that you refrain from giving and receiving gifts from all consumers. It is important to keep this relationship professional and maintain healthy boundaries.

### **Mandatory Abuse Reporting**

As a volunteer, you are considered an agent of NorthWest Senior & Disability Service (NWSDS) and, therefore, are a mandatory reporter under the following Oregon Administrative Rule. Under Oregon Administrative Rule 411-020-0002 (20), all employees and volunteers of Area Agencies on Aging (AAA), including NWSDS, are required to report suspected abuse of certain protected populations. Those protected populations include:

- Children under the age of 18
- Elderly, age 65 and over
- Adults with developmental disabilities
- Adults with mental illness
- Residents, of any age, in nursing facilities.

- Harassment, coercion, threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments.
- Financial Exploitation – includes:
  - Wrongfully taking, by means including but not limited to, deceit, trickery, subterfuge, coercion, harassment, duress, fraud, or undue influence, the assets, funds, property, or medications belonging to or intended for the use of an adult;
  - Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult;
  - Misappropriating or misusing any money from any account held jointly or singly by an adult; or
  - Failing to use income or assets of an adult for the benefit, support and maintenance of the adult.
- Sexual Abuse – includes:
  - Sexual contact with a non-consenting adult or with an adult considered incapable of consenting to sexual acts;
  - Verbal or physical harassment of a sexual nature;
  - Sexual exploitation of an adult;
  - Any sexual contact between an employee of a facility and an adult residing in the facility unless the two are spouses;
  - Any sexual contact that is achieved through force, trickery, threat, or coercion; or
  - An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467, or 163.525 except for incest due to marriage alone.
- Involuntary Seclusion – involuntary seclusion of an adult for the convenience of the caregiver or to discipline the adult.
- Wrongful Use of a Physical or Chemical Restraint – includes:
  - Situations where a licensed health professional has not conducted a thorough assessment before implementing a prescription for restraint;
  - Less restrictive alternatives have not been evaluated; or
  - The restraint is used for convenience or discipline.

Abuse of vulnerable adults can affect people of all ethnic backgrounds and social status and can affect both men and women.

If you know or suspect a person living in a long-term care facility is being subjected to abuse or neglect, as a mandatory reporter you are required to act. You must report to

## **Email, Electronic Communication, and Texting**

Email, texting and other electronic communication methods that include protected health information must be secured or password protected/encrypted. NorthWest Senior & Disability Services has a secure emailing system that is to be used anytime protected health information (see page 18) is communicated with the agency about the consumer. Texting is also not protected and therefore should not be used regarding consumers' confidential information (see Confidentiality, page 10).

In certain circumstances, when requested and authorized by the consumer, communication via texting can be allowed. Please speak with your program supervisor if this is appropriate for your specific program area and regarding what steps must be taken prior to utilizing this type of communication. For more information about NWSDS' information technology systems refer to Appendix C on page 21.

## **Personal Appearance**

Maintaining a professional appearance is part of our core value of Professionalism. Part of our professionalism is interpreted by the impression we present to our consumers and others in our appearance. Consumers must be comfortable with us and trust us. A clean, neat, professional appearance helps to facilitate a level of trust and competence.

## **Conflict of Interest**

As an NWSDS volunteer and in the conduct of your duties with the Agency, you may not engage in any business transaction, have a direct or indirect financial, or other personal interest which would constitute a conflict of interest for the Agency. This includes some activity that may be conducted or include the interests of a relative, member of your household or close associate.

At no time can your NWSDS volunteer position be used to secure a benefit or avoid a detriment for staff, relatives, and members of your household or close associates in any way that would not also be available to any other individual served by NWSDS. Additionally, resources of the Agency, such as supplies, equipment and time, are to be used for Agency or Agency sanctioned activities only. They are not available for personal use.

## **Political Activities**

As a NWSDS volunteer, you are not able to solicit any money, influence, service or other thing of value, or otherwise aid or promote any political committee, or the nomination or election of any person to public office while volunteering. However,



Violations of this policy will result in immediate disciplinary action, up to and including immediate dismissal from the volunteer program. All information received by the organization through this policy is treated as confidential medical information.

### **Identification**

We hope that you will be proud to be identified as a volunteer with our agency. We will provide you with a name badge to wear while volunteering. Your name badge must only be worn when conducting Agency related business and must be returned to your supervisor after you've resigned or have been terminated from your volunteer position.

### **Attendance**

Volunteer attendance is important to the operation of the Agency and to the consumers it serves. Your supervisor will review the procedures to follow if you are unavailable at your scheduled time. You should provide as much advance notice as possible if you cannot be present on your scheduled day and time to ensure your responsibilities are covered by someone else.

Your supervisor will review program specific attendance policies and requirements.

### **Corrective Action**

In appropriate situations, sometimes corrective action may need to be taken. Examples of corrective action include the requirement of additional training, re-assignment to a new volunteer position, suspension or dismissal from volunteer service.

Actions taken will typically begin with a verbal warning, followed with a written warning or suspension from volunteer duties. Should these actions fail to result in adequate correction or should the infraction be serious, you will be discharged from the program. Any or all of these steps may be skipped depending on the circumstances (see Dismissal of a Volunteer for further information).

### **Resignation**

As a volunteer, you may resign from your volunteer service with the agency at any time. If you intend to resign, it is requested that you provide advance notice to your program supervisor and a reason for your decision.

### **Dismissal of a Volunteer**

We believe that all volunteers are a valuable asset to our organization. The Agency trusts that you do not intend to engage in improper conduct and when brought to your attention, you will make applicable corrections. Therefore, it is the policy of the

## Safety

As a volunteer, you will be provided with the Agency's approved safety practices when assigned new duties. If there is any question on the safe way to approach a task, ask your supervisor before undertaking the task.

### **Guarding Your Safety**

Volunteers should maintain their safety in all situations. If at any time, the volunteer feels uncomfortable with any situation they are required to use his/her best judgement to get out of the situation. If the volunteer has any reservation about entering a home, he/she should decline.

### **First Aid Kits**

Fully stocked First Aid Kits are maintained at every NWSDS service location. Signs are posted indicating locations. While kit supplies are checked regularly, please notify your program supervisor should stock be low.

### **Home Visit Safety**

As a volunteer, you are to not enter a consumer's home unless it has been outlined in your volunteer description and you have received appropriate training. For more information on home visit guidelines refer to Appendix D on page 24.

### **911 Police Emergency:**

In case of an emergency or distress, call 911 immediately. Follow dispatcher's instructions regarding staying on the phone. Identify yourself to the police officer responding to the scene and follow their instructions.

### **Be Prepared to Report the Following Information**

- Type of incident reported (medical emergency, assault, theft, etc.).
- Time of occurrence (now, in the past 30 minutes, longer).
- Location (exactly where you are or where the incident occurred): address, side of street, landmarks, route to get to location.

### **What to Observe If Possible**

- Individual: gender, age, height, weight, hair color and length, clothing (type and color), any distinguishing characteristics (limp, acne, etc.), weapon involved and type, if applicable.
- Vehicle: color, type, size, model, year, license plate number, condition, any distinguishing characteristics.

## **Vehicle Use**

As a volunteer you may be driving while conducting your volunteer activities. This must be part of your approved duties. It is never appropriate to transport a consumer in your own personal vehicle. All drivers must be at least 18 years of age, possess a valid driver's license, and a current DMV check may be completed and approved before driving is allowed for official business activities.

In some instances an Agency vehicle may be available for use. This must be approved by the program supervisor, who will review policies, procedures and etiquette for Agency vehicle usage.

If you are utilizing your own vehicle for your volunteer activities you must possess valid and current auto coverage. NWSDS is not responsible for any physical damage to you or your vehicle. While driving your own vehicle, your insurance will be the only insurance coverage should you become involved in an accident. Before driving your private vehicle for agency business, volunteers must submit a completed Authorization to Use Private Vehicle form.

It is your responsibility to notify you program supervisor or Human Resources of changes in your insurance coverage or changes to your license.

Some volunteer positions have funds available for mileage reimbursement. Your supervisor will review this availability and expense reimbursement procedures with you.

### **In the Event of a Motor Vehicle Accident**

1. Take necessary steps to protect the lives of yourself and others.
2. Comply with police instructions.
3. Follow the instructions provided by your policy holder, if driving your own vehicle. If driving a NWSDS vehicle the instruction for what to do in an accident is located in the glove box of the vehicle.
4. Do not assume or admit fault. Others will determine liability and negligence after a thorough investigation.
5. Report the accident to NWSDS as soon as possible.

## Appendix B: Nutrition Program OSHA Compliance

### Occupational Safety and Health Administration (OSHA) Compliance

#### Chemicals

All volunteers have a right to know what chemicals they work with, what the hazards are and how to handle them safely. *Safety Data Sheets* (SDS) are documents provided by the supplier of a chemical. General rules for handling chemicals in a meal site environment are:

- Read all label warnings and instructions.
- Follow instructions regarding quantity.
- Minimize contact with chemicals; use gloves.
- Always wash your hands after handling chemicals.
- If a chemical enters your eyes immediately hold open the injured eye and rinse with cold water for 15 minutes.
- Never store cleaning supplies with food items.
- Never mix cleaning supplies.
- Fire Prevention:
  - No candles, open flames are allowed in the meal site, or in Agency buildings.

#### Electrical Safety

- Keep electrical cords out of areas where they can trip people, where they can get wet.
- Turn electrical appliances off with the switch; do not pull out the cord.
- Turn all appliances off when leaving for the day.
- Never run cords under the rugs or other floor coverings.
- Report electrical problems immediately.

#### Lifting

- Plan the move; make sure you have an unobstructed pathway.
- Test the weight, push, pull, "heft" the object. Generally do not lift anything over 20 pounds.
- If assistance is needed, arrange for this before you start to move the object.
- Face the load and bend at the knees. If two people are needed for lifting they should be facing each other and bending at the knees.
- Lift objects from the floor to a bench or table, then lift to higher shelf as needed.

## **Appendix C: NWSDS' Information Technology Systems Policy**

NorthWest Senior & Disability Services (NWSDS) provides information technology tools for use by employees and volunteers to assist them in carrying out their duties in fulfillment of the Agency's mission and values. All technology tools are owned or contracted by NWSDS and are public property, including all computer systems and peripherals, e-mail systems, software, network resources, Internet resources, voice mail, e-mail and the information stored on such tools.

The objective of this policy is to establish the policies and procedures governing the use of NWSDS' information technology systems, access to the systems and the information and data stored within these systems. This policy applies to all employees and other users who have direct access or remote access to the systems. This includes volunteers, temporary help, vendors, and other authorized users and use in a manner that identifies the individual with NWSDS.

NWSDS employees and volunteers shall make use of technology equipment including all computers, computer-related peripherals and associated software in a legal and ethical manner consistent with government statutes, state ethics laws, rules, policies and regulations.

Employees and volunteers should not expect privacy with respect to any of their activities using NWSDS provided e-mail, instant messaging, Internet, Agency network or computer access or services and should remember that such communications may be subject to a variety of public disclosure laws.

### **Computer Hardware**

Computers are not to be moved from assigned locations without the authorization of Information Technology Services (IT).

The use of any flash/portable and USB types of media must be approved and/or provided by IT prior to use.

### **Computer Software**

NWSDS owned software shall not be copied for personal use. Software shall be used in accordance with software license. NWSDS owned software is the only software that can be installed on Agency equipment, unless approved by IT.

Due to the risk of system contamination, only software and removable media owned by NWSDS shall be used on Agency computers. If data needs to be transmitted from media received from another entity, the media must first be

- Volunteers requiring remote access to the Agency's network, Internet or e-mail services from any off-premise computer system must be authorized by their program supervisor. Off-premise computer systems must follow protocols established by IT when connecting to the Agency's network.
- Be sure to notify IT of problems you may encounter, such as problems with filters limiting your access to sites critical in conducting your duties, inappropriate sites showing up on your favorite's lists or through legitimate work related searches, excessive spam, or what may appear to be breaches of security into our system.

## Appendix E: Examples of Good Boundaries

- Be careful about how much you tell a consumer about yourself and personal information you share.
- Do not speculate about a medical diagnosis or give medical advice, administer medications or have other related interactions.
- Do not provide any assistance including, but not limited to, assisting a consumer with housekeeping, personal care, or any other type of need other than that covered in your volunteer training. Always refer concerns to your supervisor and provide the ADRC phone number **1-800-206-4799** to consumers who are in need of additional assistance.
- Share only the contact information necessary to do your volunteer duties; do not share personal email, home address, or phone numbers you do not use for work purposes.
- Do not get into a consumer's car and do not allow a consumer to get into your car.
- Do not loan or give money to a consumer; do not borrow or take money from a consumer.
- Do not purchase or sell anything to a consumer.
- Do not accept food or any other type of gifts.
- Be aware of cultural differences that may exist in a consumer's home.

Attention to your behavior and attitudes can improve safety – and strengthen your relationship with consumers and their loved ones. It is a good idea to act or react in the following ways:

- Business-like
- Professional
- Calm
- Confident
- Observant
- In control
- Kind
- Respectful
- Compassionate
- Courteous

Treating consumers with respect protects their dignity. If a consumer feels threatened they may become upset, aggressive or defensive. Remember you are a guest in someone else's home. <sup>6</sup>

## Volunteer Acknowledgement Form

Thank you for offering to volunteer at NorthWest Senior & Disability Services. As a volunteer you have been provided with information about your volunteer work; this information includes policies and procedures that help ensure the appropriate delivery of services, as well as the safety and well-being of consumers. Should you have any questions or need clarification ask your supervisor.

NWSDS is firmly committed to providing a safe environment. Be sure that you have read and understood the Volunteer Handbook's procedures and policies and understood how and when to report unsafe conditions, accidents, illness, etc.

By signing this acknowledgement form you certify that you:

- Understand not all situations can be prevented and that there is always a risk of injury.
- Assume full responsibility for your own safety, holding NWSDS, associated board, managers and employees harmless from any claims that may arise from or in connection with your volunteer service.
- Understand and agree with your roles and responsibilities as a volunteer for NWSDS as outlined in the Volunteer Handbook.
- Have read and understood the Vehicle Use Policy found on page 17 of the Volunteer Handbook.
- Understood that you are covered by a personal accident plan while performing your assigned volunteer duties.
- If you are unable to complete the tasks for which you have volunteered, or are unable to follow the policies and procedures in place, you may be asked to fill a different volunteer role or no longer volunteer.

Your signature confirms that you have received a copy of the Volunteer Handbook, have received an orientation by the Agency and understand your roles and responsibilities as a volunteer for NWSDS as outlined in this acknowledgement and in the Volunteer Handbook.

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Volunteer Program Name

\_\_\_\_\_  
Volunteer Signature (or parent if child under 18)

\_\_\_\_\_  
Date



## NWSDS Volunteer Handbook Acknowledgement Form

Thank you for offering to volunteer at NorthWest Senior & Disability Services. As a volunteer you have been provided with information about your volunteer work; this information includes policies and procedures that help ensure the appropriate delivery of services, as well as the safety and well-being of consumers. Should you have any questions or need clarification ask your supervisor.

NWSDS is firmly committed to providing a safe environment. Be sure that you have read and understood the Volunteer Handbook's procedures and policies and understood how and when to report unsafe conditions, accidents, illness, etc.

By signing this acknowledgement form you certify that you:

- Understand not all situations can be prevented and that there is always a risk of injury.
- Assume full responsibility for your own safety, holding NWSDS, associated board, managers and employees harmless from any claims that may arise from or in connection with your volunteer service.
- Understand and agree with your roles and responsibilities as a volunteer for NWSDS as outlined in the Volunteer Handbook.
- Read and understand the Vehicle Use Policy found on page 17 of the Volunteer Handbook.
- Understand that you are covered by a personal accident plan while performing your assigned volunteer duties. This plan has a maximum benefit amount of \$15,000 per incident for medical expenses, and up to \$5,000 for accidental death or dismemberment.
- If you are unable to complete the tasks for which you have volunteered, or are unable to follow the policies and procedures in place, you may be asked to fill a different volunteer role or no longer volunteer.

Your signature confirms that you have received a copy of the Volunteer Handbook, have received an orientation by the Agency and understand your roles and responsibilities as a volunteer for NWSDS as outlined in this acknowledgement and in the Volunteer Handbook.

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Volunteer Program Name

\_\_\_\_\_  
Volunteer Signature (or parent if child under 18)

\_\_\_\_\_  
Date